

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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2009 through 04 30 2009

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 05 19 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Allstate Insurance Company PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" 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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		23048.81
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	78716.31									
(c) Total Receipts (from Line 19)	27076.79	125632.88								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	105793.10	148681.69								
7. Total Disbursements (from Line 31)	31101.86	73990.45								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	74691.24	74691.24								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Allstate Insurance Company PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	20632.77	53489.76
(i) Itemized (use Schedule A)	6443.76	72142.08
(ii) Unitemized	27076.53	125631.84
(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)	27076.53	125631.84
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.26	1.04
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))	27076.79	125632.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27076.79	125632.88

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	101.86	475.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	101.86	475.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	55000.00
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.....	16000.00	18515.00
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))..	31101.86	73990.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31101.86	73990.45

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)	27076.53	125631.84
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27076.53	125631.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	101.86	475.45
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	101.86	475.45

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JONES G ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code
LAKE VILLA IL 60046

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

Name of Employer Occupation
Allstate Insurance Company Finance Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.99

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149381

Amount of Each Receipt this Period

33.03

B.

Full Name (Last, First, Middle Initial)
JONES G ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code
LAKE VILLA IL 60046

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

Name of Employer Occupation
Allstate Insurance Company Finance Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 294.02

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149807

Amount of Each Receipt this Period

33.03

C.

Full Name (Last, First, Middle Initial)
LORA L ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code
LAKE VILLA IL 60046

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

Name of Employer Occupation
Allstate Insurance Company Sr. Sales Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.85

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149441

Amount of Each Receipt this Period

32.70

SUBTOTAL of Receipts This Page (optional)

98.76

TOTAL This Period (last page this line number only)

Form/Schedule : **SA11AI**

Transaction ID :

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) LORAL ADUKEH	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 1226 RIDGEWOOD LANE	Transaction ID: A2009-3149865
	City State Zip Code LAKE VILLA IL 60046	Amount of Each Receipt this Period 32.70
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Sr. Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 293.55

B.	Full Name (Last, First, Middle Initial) PATRICIA A AITKEN	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 1245 CARIBOU LANE	Transaction ID: A2009-3149631
	City State Zip Code HOFFMAN ESTATES IL 60192	Amount of Each Receipt this Period 22.94
	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 ▼ 202.76

C.	Full Name (Last, First, Middle Initial) ROBERT S ALLEN	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 244 ELM ROAD	Transaction ID: A2009-3149086
	City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 31.56
	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 ▼ 244.93

SUBTOTAL of Receipts This Page (optional)	87.20
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 244 ELM ROAD

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Occupation
Allstate Insurance Company CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 276.49

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149518

Amount of Each Receipt this Period

31.56

B.

Full Name (Last, First, Middle Initial)
AMY M ALLMON

Mailing Address 4499 Meyers Ct

City State Zip Code
Castle Rock CO 80104

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

Name of Employer Occupation
Allstate Insurance Company Sales Support Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.82

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149788

Amount of Each Receipt this Period

23.88

C.

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

Mailing Address 438 MITCHELL DRIVE

City State Zip Code
GRAYS LAKE IL 60030

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

Name of Employer Occupation
Allstate Insurance Company VP Enterprise Infrastruct

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.86

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149058

Amount of Each Receipt this Period

74.32

SUBTOTAL of Receipts This Page (optional)

129.76

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 173
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) JOHN P BADER	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 438 MITCHELL DRIVE	Transaction ID: A2009-3149491
	City State Zip Code GRAYS LAKE IL 60030	Amount of Each Receipt this Period 74.32
	FEC ID number of contributing federal political committee. C	
	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 ▼ 651.18

B.	Full Name (Last, First, Middle Initial) CHARLES C BAGGS	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 4435 SWILCAN BRIDGE LANE N	Transaction ID: A2009-3149144
	City State Zip Code JACKSONVILLE FL 32224	Amount of Each Receipt this Period 32.57
	FEC ID number of contributing federal political committee. C	
	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 ▼ 256.61

C.	Full Name (Last, First, Middle Initial) CHARLES C BAGGS	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 4435 SWILCAN BRIDGE LANE N	Transaction ID: A2009-3149576
	City State Zip Code JACKSONVILLE FL 32224	Amount of Each Receipt this Period 32.57
	FEC ID number of contributing federal political committee. C	
	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 ▼ 289.18

SUBTOTAL of Receipts This Page (optional)	▶	139.46
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1225 W. Morse Unit 508

City State Zip Code
Chicago IL 60626

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

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 217.63

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149349

Amount of Each Receipt this Period
27.71

B.

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

Mailing Address 1225 W. Morse Unit 508

City State Zip Code
Chicago IL 60626

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

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.34

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149778

Amount of Each Receipt this Period
27.71

C.

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

Mailing Address 2 Saddle Ridge Ct.

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.12

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149339

Amount of Each Receipt this Period
36.94

SUBTOTAL of Receipts This Page (optional) ► 92.36

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 2 Saddle Ridge Ct.

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 327.06

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149768

Amount of Each Receipt this Period
36.94

B.

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

Mailing Address 25 Blue Heron Way

City State Zip Code
Skillman NJ 08558

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

Name of Employer Allstate Insurance Company Occupation FVP President New Jersey

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.48

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149120

Amount of Each Receipt this Period
35.51

C.

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

Mailing Address 25 Blue Heron Way

City State Zip Code
Skillman NJ 08558

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

Name of Employer Allstate Insurance Company Occupation FVP President New Jersey

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 316.99

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149552

Amount of Each Receipt this Period
35.51

SUBTOTAL of Receipts This Page (optional) ► **107.96**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 173
(check only one)

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

A.

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

Mailing Address 259 MAY AVENUE

City State Zip Code
GLEN ELLYN IL 60137

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

Name of Employer Allstate Insurance Company Occupation AVP Allstate Financial -

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.63

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149471

Amount of Each Receipt this Period
52.56

B.

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

Mailing Address 259 MAY AVENUE

City State Zip Code
GLEN ELLYN IL 60137

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

Name of Employer Allstate Insurance Company Occupation AVP Allstate Financial -

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 469.19

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149895

Amount of Each Receipt this Period
52.56

C.

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

Mailing Address 2222 LOCH WAY

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 555.74

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149454

Amount of Each Receipt this Period
71.18

SUBTOTAL of Receipts This Page (optional) ► 176.30

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

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

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

FOR LINE NUMBER: PAGE 14 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 2222 LOCH WAY

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 626.92

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149878

Amount of Each Receipt this Period
71.18

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

Mailing Address 108 Sloan Road

City State Zip Code
West Chester PA 19382

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

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.45

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149509

Amount of Each Receipt this Period
22.75

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

Mailing Address 1402 N. Illinois Avenue

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Accounting Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 206.33

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149224

Amount of Each Receipt this Period
26.51

SUBTOTAL of Receipts This Page (optional) ► **120.44**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1402 N. Illinois Avenue

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Occupation
Allstate Insurance Company Accounting Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 232.84

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149656

Amount of Each Receipt this Period

26.51

B.

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

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer Occupation
Allstate Insurance Company CC IT Planning Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 261.44

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149301

Amount of Each Receipt this Period

32.68

C.

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

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer Occupation
Allstate Insurance Company CC IT Planning Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 294.12

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149732

Amount of Each Receipt this Period

32.68

SUBTOTAL of Receipts This Page (optional)

91.87

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 807 Greenwood Ave.

City State Zip Code
GLENCOE IL 60022

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 321.20

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149093

Amount of Each Receipt this Period
40.40

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

Mailing Address 807 Greenwood Ave.

City State Zip Code
GLENCOE IL 60022

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 361.60

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149525

Amount of Each Receipt this Period
40.40

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 ▼ 314.88

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149383

Amount of Each Receipt this Period
39.36

SUBTOTAL of Receipts This Page (optional) ► **120.16**

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

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

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

FOR LINE NUMBER: PAGE 17 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DAVID 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 354.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Transaction ID: A2009-3149809

Amount of Each Receipt this Period
39.36

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

Mailing Address 398 Brookmont Lane

City State Zip Code
North Barrington IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President Investor R

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 495.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	9

Transaction ID: A2009-3149371

Amount of Each Receipt this Period
62.95

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

Mailing Address 398 Brookmont Lane

City State Zip Code
North Barrington IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President Investor R

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 558.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Transaction ID: A2009-3149798

Amount of Each Receipt this Period
62.95

SUBTOTAL of Receipts This Page (optional) ► **165.26**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) CHARLES A BOLLINGER	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 509 GATES HEAD SOUTH	Transaction ID: A2009-3149179
	City State Zip Code ELK GROVE VLLGE IL 60007	Amount of Each Receipt this Period 51.56
	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 ▼ 406.18	

B.	Full Name (Last, First, Middle Initial) CHARLES A BOLLINGER	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 509 GATES HEAD SOUTH	Transaction ID: A2009-3149611
	City State Zip Code ELK GROVE VLLGE IL 60007	Amount of Each Receipt this Period 51.56
	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 ▼ 457.74	

C.	Full Name (Last, First, Middle Initial) DOUGLAS L BORG	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 1440 McClellan Ct	Transaction ID: A2009-3149451
	City State Zip Code Lindenhurst IL 60046	Amount of Each Receipt this Period 32.83
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Financial Sales Consultan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 262.64	

SUBTOTAL of Receipts This Page (optional)	▶	135.95
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1440 McClellan Ct

City State Zip Code
Lindenhurst IL 60046

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

Name of Employer Occupation
Allstate Insurance Company Financial Sales Consultan

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 295.47

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149875

Amount of Each Receipt this Period

32.83

B.

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

Mailing Address 1063 CHERRY STREET

City State Zip Code
WINNETKA IL 60093

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

Name of Employer Occupation
Allstate Insurance Company Vice President Info Techn

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 610.72

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149123

Amount of Each Receipt this Period

77.29

C.

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 Occupation
Allstate Insurance Company Vice President Info Techn

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 688.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149555

Amount of Each Receipt this Period

77.29

SUBTOTAL of Receipts This Page (optional)

187.41

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 2411 Grey Eagle Bay

City State Zip Code
woodbury MN 55129

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 246.15

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: A2009-3149417

Amount of Each Receipt this Period
31.15

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

Mailing Address 2411 Grey Eagle Bay

City State Zip Code
woodbury MN 55129

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 277.30

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149843

Amount of Each Receipt this Period
31.15

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

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 337.78

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: A2009-3149235

Amount of Each Receipt this Period
43.01

SUBTOTAL of Receipts This Page (optional) ► **105.31**

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

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

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

FOR LINE NUMBER: PAGE 21 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.79

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149666

Amount of Each Receipt this Period
43.01

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

Mailing Address 305 CHURCHILL LANE

City State Zip Code
GURNEE IL 60031

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 214.24

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149132

Amount of Each Receipt this Period
0.59

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 ▼ 214.83

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149564

Amount of Each Receipt this Period
0.59

SUBTOTAL of Receipts This Page (optional) ► 44.19

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 190 SAVANNA CT

City State Zip Code
LAKE FOREST IL 60045

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1475.93

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149143

Amount of Each Receipt this Period

186.21

B.

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

Mailing Address 190 SAVANNA CT

City State Zip Code
LAKE FOREST IL 60045

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1662.14

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149575

Amount of Each Receipt this Period

186.21

C.

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

Mailing Address 2514 SOUTH WESLEY AVE

City State Zip Code
BERWYN IL 60402

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

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 286.85

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149231

Amount of Each Receipt this Period

36.30

SUBTOTAL of Receipts This Page (optional) ▶

408.72

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

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

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

FOR LINE NUMBER: PAGE 23 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ANNE MARIE L BRUNNER
 Mailing Address 2514 SOUTH WESLEY AVE
 City State Zip Code
 BERWYN IL 60402
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 4 / 2 0 0 9
Transaction ID: A2009-3149663
 Amount of Each Receipt this Period
 36.30
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Home Office Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.15

B. Full Name (Last, First, Middle Initial)
JOHN C BRUSE
 Mailing Address 1201 N. Nash Street #303
 City State Zip Code
 Arlington VA 22209
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 9
Transaction ID: A2009-3149432
 Amount of Each Receipt this Period
 130.76
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Vice President & Ast Gene
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 639.73

C. Full Name (Last, First, Middle Initial)
DAVID N BUGGS
 Mailing Address 12234 85TH AVE
 City State Zip Code
 PLEASANT PR WI 53158
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 9
Transaction ID: A2009-3149372
 Amount of Each Receipt this Period
 32.14
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.12

SUBTOTAL of Receipts This Page (optional) ► 199.20
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DAVID N BUGGS

Mailing Address 12234 85TH AVE

City State Zip Code
PLEASANT PR WI 53158

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

Name of Employer Occupation
Allstate Insurance Company CC IT Planning Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 289.26

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149799

Amount of Each Receipt this Period

32.14

B.

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

Mailing Address 730 E. HAWTHORNE

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Occupation
Allstate Insurance Company AVP-Product

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 306.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149370

Amount of Each Receipt this Period

8.50

C.

Full Name (Last, First, Middle Initial)
JEFFREY E BURKE

Mailing Address 601 North Pines Trail

City State Zip Code
Parker CO 80138

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

Name of Employer Occupation
Allstate Insurance Company Regional Sales Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 326.40

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149475

Amount of Each Receipt this Period

40.80

SUBTOTAL of Receipts This Page (optional)

81.44

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JEFFREY E BURKE

Mailing Address 601 North Pines Trail

City State Zip Code
Parker CO 80138

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

Name of Employer Allstate Insurance Company Occupation Regional Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 367.20

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149899

Amount of Each Receipt this Period
40.80

B.

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

Mailing Address 9309 ELIZABETH LANE

City State Zip Code
SPRING GROVE IL 60081

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

Name of Employer Allstate Insurance Company Occupation AVP & Tax Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 717.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149047

Amount of Each Receipt this Period
89.71

C.

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

Mailing Address 9309 ELIZABETH LANE

City State Zip Code
SPRING GROVE IL 60081

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

Name of Employer Allstate Insurance Company Occupation AVP & Tax Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 807.39

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149480

Amount of Each Receipt this Period
89.71

SUBTOTAL of Receipts This Page (optional) ▶ **220.22**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 15430 WHITE COLUMNS DRIVE

City State Zip Code
ALPHARETTA GA 30004

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 443.22

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149142

Amount of Each Receipt this Period
56.34

B.

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

Mailing Address 15430 WHITE COLUMNS DRIVE

City State Zip Code
ALPHARETTA GA 30004

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.56

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149574

Amount of Each Receipt this Period
56.34

C.

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

Mailing Address 4121 109TH STREET

City State Zip Code
PLEASANT PRAIRI WI 53158

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.31

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149365

Amount of Each Receipt this Period
79.52

SUBTOTAL of Receipts This Page (optional) ► **192.20**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 4121 109TH STREET

City State Zip Code
PLEASANT PRAIRI WI 53158

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 709.83

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149793

Amount of Each Receipt this Period
79.52

B.

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

Mailing Address 643 ST GEORGE CT

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation AVP Human Resource Ivanta

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 217.29

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149806

Amount of Each Receipt this Period
24.36

C.

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

Mailing Address 20713 LEXINGTON LANE

City State Zip Code
KILDEER IL 60047

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 308.48

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: A2009-3149291

Amount of Each Receipt this Period
39.51

SUBTOTAL of Receipts This Page (optional) ► **143.39**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) SCOTT M CHRISTENSEN		Date of Receipt
	Mailing Address 20713 LEXINGTON LANE		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	KILDEER	IL	60047
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3149722
Name of Employer Allstate Insurance Company		Occupation Operations Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="347.99"/>	<input type="text" value="39.51"/>

B.	Full Name (Last, First, Middle Initial) EDWARD T CLARK		Date of Receipt
	Mailing Address 2907 GLENARYE DR		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LINDENHURST	IL	60046
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3149749
Name of Employer Allstate Insurance Company		Occupation Senior State Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="221.77"/>	<input type="text" value="25.18"/>

C.	Full Name (Last, First, Middle Initial) MARK P CLOGHESSY		Date of Receipt
	Mailing Address 4343 LAWN AVE		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WESTERN SPRINGS	IL	60558
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3149173
Name of Employer Allstate Insurance Company		Occupation Managing Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="274.64"/>	<input type="text" value="34.33"/>

SUBTOTAL of Receipts This Page (optional) ▶

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

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

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

FOR LINE NUMBER: PAGE 29 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
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 ▼ 308.97

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149605

Amount of Each Receipt this Period
34.33

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

Mailing Address 4667 TAMWORTH DR

City State Zip Code
PALM HARBOR FL 34685

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

Name of Employer Allstate Insurance Company Occupation Regional Marketing Manage

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.82

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149318

Amount of Each Receipt this Period
29.84

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

Mailing Address 4667 TAMWORTH DR

City State Zip Code
PALM HARBOR FL 34685

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

Name of Employer Allstate Insurance Company Occupation Regional Marketing Manage

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.66

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149747

Amount of Each Receipt this Period
29.84

SUBTOTAL of Receipts This Page (optional) ► 94.01

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

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

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

FOR LINE NUMBER: PAGE 30 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 266.86

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149277

Amount of Each Receipt this Period

33.87

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 Occupation
Allstate Insurance Company Vice President Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.73

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149708

Amount of Each Receipt this Period

33.87

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 Occupation
Allstate Insurance Company AVP Ast General Counsel &

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 339.30

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149221

Amount of Each Receipt this Period

43.20

SUBTOTAL of Receipts This Page (optional)

110.94

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
EDWARD 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 AVP Ast General Counsel &

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.50

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149653

Amount of Each Receipt this Period
43.20

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

Mailing Address 1609 SYRACUSE LN.

City State Zip Code
SCHAUMBURG IL 60193

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.03

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: A2009-3149281

Amount of Each Receipt this Period
31.01

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

Mailing Address 1609 SYRACUSE LN.

City State Zip Code
SCHAUMBURG IL 60193

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 276.04

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149712

Amount of Each Receipt this Period
31.01

SUBTOTAL of Receipts This Page (optional) ► **105.22**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 14 Torrey Pines Way

City State Zip Code
BRENTWOOD TN 37027

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

Name of Employer Occupation
Allstate Insurance Company Vice President Field

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 542.20

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149393

Amount of Each Receipt this Period

68.20

B.

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

Mailing Address 14 Torrey Pines Way

City State Zip Code
BRENTWOOD TN 37027

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

Name of Employer Occupation
Allstate Insurance Company Vice President Field

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 610.40

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149819

Amount of Each Receipt this Period

68.20

C.

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

Mailing Address 218 S KASPAR

City State Zip Code
ARLINGTON HGTS. IL 60005

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 596.24

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149181

Amount of Each Receipt this Period

75.68

SUBTOTAL of Receipts This Page (optional)

212.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 218 S KASPAR

City State Zip Code
ARLINGTON HGTS. IL 60005

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 671.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Transaction ID: A2009-3149613

Amount of Each Receipt this Period
75.68

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

Mailing Address 277 N. BILTMORE DRIVE

City State Zip Code
N. BARRINGTON IL 60010

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 695.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	9

Transaction ID: A2009-3149175

Amount of Each Receipt this Period
89.04

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

Mailing Address 277 N. BILTMORE DRIVE

City State Zip Code
N. BARRINGTON IL 60010

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 784.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Transaction ID: A2009-3149607

Amount of Each Receipt this Period
89.04

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
RICHARD C CRIST JR, jr

Mailing Address 905 Chalet Court

City State Zip Code
Colleyville TX 76034

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 565.41

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149105

Amount of Each Receipt this Period
70.85

B.

Full Name (Last, First, Middle Initial)
RICHARD C CRIST JR, jr

Mailing Address 905 Chalet Court

City State Zip Code
Colleyville TX 76034

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 636.26

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149537

Amount of Each Receipt this Period
70.85

C.

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

Mailing Address 22425 N LINDEN DR.

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.24

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149092

Amount of Each Receipt this Period
44.48

SUBTOTAL of Receipts This Page (optional) ► **186.18**

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

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

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

FOR LINE NUMBER: PAGE 35 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 22425 N LINDEN DR.

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Occupation
Allstate Insurance Company AVP PCCSO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

Transaction ID: A2009-3149524

Amount of Each Receipt this Period

44.48

B.

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

Mailing Address 1020 Pleasant Street #1

City State Zip Code
Oak Park IL 60302

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

Name of Employer Occupation
Allstate Insurance Company Communication Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 291.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	9

Transaction ID: A2009-3149131

Amount of Each Receipt this Period

36.68

C.

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

Mailing Address 1020 Pleasant Street #1

City State Zip Code
Oak Park IL 60302

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

Name of Employer Occupation
Allstate Insurance Company Communication Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 328.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

Transaction ID: A2009-3149563

Amount of Each Receipt this Period

36.68

SUBTOTAL of Receipts This Page (optional) ▶

117.84

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

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

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

FOR LINE NUMBER: PAGE 36 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 632 Onwentsia Avenue

City State Zip Code
Highland Park IL 60035

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

Name of Employer Allstate Insurance Company Occupation AVP & Tax Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 274.96

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149226

Amount of Each Receipt this Period
34.37

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

Mailing Address 632 Onwentsia Avenue

City State Zip Code
Highland Park IL 60035

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

Name of Employer Allstate Insurance Company Occupation AVP & Tax Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 309.33

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149658

Amount of Each Receipt this Period
34.37

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

Mailing Address 1954 Oakwood Dr

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 259.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149223

Amount of Each Receipt this Period
33.06

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

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

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

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

FOR LINE NUMBER: PAGE 37 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
RANDAL S DECOURSEY

Mailing Address 1954 Oakwood Dr

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 292.74

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149655

Amount of Each Receipt this Period
33.06

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 ▼ 295.91

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: A2009-3149162

Amount of Each Receipt this Period
37.62

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 ▼ 333.53

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149594

Amount of Each Receipt this Period
37.62

SUBTOTAL of Receipts This Page (optional) ▶ **108.30**

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

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

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

FOR LINE NUMBER: PAGE 38 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JEFFREY F DEIGL
Mailing Address 453 PRAIRIE
City ELMHURST State IL Zip Code 60126
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP-Product Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 434.02
Date of Receipt 04 / 10 / 2009
Transaction ID: A2009-3149336
Amount of Each Receipt this Period 54.59

B. Full Name (Last, First, Middle Initial)
JEFFREY F DEIGL
Mailing Address 453 PRAIRIE
City ELMHURST State IL Zip Code 60126
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP-Product Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 488.61
Date of Receipt 04 / 24 / 2009
Transaction ID: A2009-3149765
Amount of Each Receipt this Period 54.59

C. Full Name (Last, First, Middle Initial)
LORI A DESCH
Mailing Address 12923 Freemont Peak Lane
City Humble State TX Zip Code 77346
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Claims Field Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 308.85
Date of Receipt 04 / 10 / 2009
Transaction ID: A2009-3149155
Amount of Each Receipt this Period 39.20

SUBTOTAL of Receipts This Page (optional) ► 148.38
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 12923 Freemont Peak Lane

City State Zip Code
Humble TX 77346

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

Name of Employer Occupation
Allstate Insurance Company Claims Field Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 348.05

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149587

Amount of Each Receipt this Period

39.20

B.

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

Mailing Address 4147 RFD

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Occupation
Allstate Insurance Company AVP-Product

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 460.51

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149310

Amount of Each Receipt this Period

57.92

C.

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

Mailing Address 4147 RFD

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Occupation
Allstate Insurance Company AVP-Product

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 518.43

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149739

Amount of Each Receipt this Period

57.92

SUBTOTAL of Receipts This Page (optional)

155.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
PATRICIA B DREXLER
Mailing Address 472 W. SYCAMORE ST.
City State Zip Code
VERNON HILLS IL 60061
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 214.57
Date of Receipt: 04 / 10 / 2009
Transaction ID: A2009-3149200
Amount of Each Receipt this Period: 27.24

B. Full Name (Last, First, Middle Initial)
PATRICIA B DREXLER
Mailing Address 472 W. SYCAMORE ST.
City State Zip Code
VERNON HILLS IL 60061
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 241.81
Date of Receipt: 04 / 24 / 2009
Transaction ID: A2009-3149632
Amount of Each Receipt this Period: 27.24

C. Full Name (Last, First, Middle Initial)
TIMOTHY R DUGAN
Mailing Address 3220 SANDY LANE
City State Zip Code
GLENVIEW IL 60025
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Home Office Counsel
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.63
Date of Receipt: 04 / 10 / 2009
Transaction ID: A2009-3149425
Amount of Each Receipt this Period: 31.91

SUBTOTAL of Receipts This Page (optional) ► 86.39
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) TIMOTHY R DUGAN</p> <p>Mailing Address 3220 SANDY LANE</p> <p>City State Zip Code GLENVIEW IL 60025</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Home Office Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 282.54</p>	<p>Date of Receipt 04 / 24 / 2009</p> <p>Transaction ID: A2009-3149850</p> <p>Amount of Each Receipt this Period 31.91</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) MICHAEL S DUNN</p> <p>Mailing Address 18202 HARNISH RD.</p> <p>City State Zip Code ROSCOE IL 61073</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Allstate Financial Senior</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 201.46</p>	<p>Date of Receipt 04 / 10 / 2009</p> <p>Transaction ID: A2009-3149288</p> <p>Amount of Each Receipt this Period 25.42</p>
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<p>C. Full Name (Last, First, Middle Initial) MICHAEL S DUNN</p> <p>Mailing Address 18202 HARNISH RD.</p> <p>City State Zip Code ROSCOE IL 61073</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Allstate Financial Senior</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 226.88</p>	<p>Date of Receipt 04 / 24 / 2009</p> <p>Transaction ID: A2009-3149719</p> <p>Amount of Each Receipt this Period 25.42</p>
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SUBTOTAL of Receipts This Page (optional)	82.75
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1810 BALMORAL AVE

City State Zip Code
GLENVIEW IL 60025

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.62

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149725

Amount of Each Receipt this Period
23.18

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 Senior Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.19

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149316

Amount of Each Receipt this Period
29.38

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 Senior Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 261.57

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149745

Amount of Each Receipt this Period
29.38

SUBTOTAL of Receipts This Page (optional) ► 81.94

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 1327 N Illinois Avenue

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Vice President Product AF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 268.14

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149204

Amount of Each Receipt this Period
33.93

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

Mailing Address 1327 N Illinois Avenue

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Vice President Product AF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 302.07

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149636

Amount of Each Receipt this Period
33.93

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

Mailing Address 1085 FOREST HILL RD.

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation AVP Marketing Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 438.48

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149077

Amount of Each Receipt this Period
12.18

SUBTOTAL of Receipts This Page (optional) ► 80.04

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

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

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

FOR LINE NUMBER: PAGE 44 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KATHLEEN N ENRIGHT
Mailing Address 10323 TRUMBULL AVE

City State Zip Code
CHICAGO IL 60655

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

Name of Employer Allstate Insurance Company Occupation AVP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.04

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149325

Amount of Each Receipt this Period
37.88

B. Full Name (Last, First, Middle Initial)
KATHLEEN N ENRIGHT
Mailing Address 10323 TRUMBULL AVE

City State Zip Code
CHICAGO IL 60655

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

Name of Employer Allstate Insurance Company Occupation AVP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 331.92

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149754

Amount of Each Receipt this Period
37.88

C. Full Name (Last, First, Middle Initial)
MICHAEL L ESCOBAR
Mailing Address 660 BALMORAL LANE

City State Zip Code
INVERNESS IL 60067

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

Name of Employer Allstate Insurance Company Occupation AVP Finance Innovation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 424.70

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149061

Amount of Each Receipt this Period
53.75

SUBTOTAL of Receipts This Page (optional) ► **129.51**

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

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

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

FOR LINE NUMBER: PAGE 45 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 660 BALMORAL LANE

City State Zip Code
INVERNESS IL 60067

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

Name of Employer Allstate Insurance Company Occupation AVP Finance Innovation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 478.45

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149494

Amount of Each Receipt this Period
53.75

B. Full Name (Last, First, Middle Initial)
RICHARD B ESPINOZA

Mailing Address 673 HASTINGS ROAD

City State Zip Code
WHEELING IL 60090

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

Name of Employer Allstate Insurance Company Occupation Unclassified Sr Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 259.40

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149244

Amount of Each Receipt this Period
32.70

C. Full Name (Last, First, Middle Initial)
RICHARD B ESPINOZA

Mailing Address 673 HASTINGS ROAD

City State Zip Code
WHEELING IL 60090

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

Name of Employer Allstate Insurance Company Occupation Unclassified Sr Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 292.10

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149675

Amount of Each Receipt this Period
32.70

SUBTOTAL of Receipts This Page (optional) ► 119.15

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 173
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.44

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149090

Amount of Each Receipt this Period
43.58

B.

Full Name (Last, First, Middle Initial)
THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 389.02

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149522

Amount of Each Receipt this Period
43.58

C.

Full Name (Last, First, Middle Initial)
KATHRYN L FABYAN

Mailing Address 21209 WEST YORKSHIRE DRIVE

City State Zip Code
KILDEER IL 60049

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

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 311.84

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149379

Amount of Each Receipt this Period
38.98

SUBTOTAL of Receipts This Page (optional) ► 126.14

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 173

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
KATHRYN L FABYAN

Mailing Address 21209 WEST YORKSHIRE DRIVE

City State Zip Code
KILDEER IL 60049

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

Name of Employer Occupation
Allstate Insurance Company Marketing Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.82

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149805

Amount of Each Receipt this Period

38.98

B.

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

Mailing Address 703 E CHERRY LN

City State Zip Code
ARLINGTON HTS IL 60004

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 388.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149240

Amount of Each Receipt this Period

49.26

C.

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

Mailing Address 703 E CHERRY LN

City State Zip Code
ARLINGTON HTS IL 60004

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 437.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149671

Amount of Each Receipt this Period

49.26

SUBTOTAL of Receipts This Page (optional)

137.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 918 JUNIPER ROAD

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer Occupation
Allstate Insurance Company Senior Regional Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 214.15

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149353

Amount of Each Receipt this Period
27.10

B.

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

Mailing Address 918 JUNIPER ROAD

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer Occupation
Allstate Insurance Company Senior Regional Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 241.25

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149782

Amount of Each Receipt this Period
27.10

C.

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

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code
ANTIOCH IL 60002

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

Name of Employer Occupation
Allstate Insurance Company Sales Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 204.16

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149097

Amount of Each Receipt this Period
25.52

SUBTOTAL of Receipts This Page (optional) ▶

79.72

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code
ANTIOCH IL 60002

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

Name of Employer Occupation
Allstate Insurance Company Sales Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 229.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149529

Amount of Each Receipt this Period
25.52

B.

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

Mailing Address 1007 Harris Road

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Occupation
Allstate Insurance Company AVP Distribution Channel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.54

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149361

Amount of Each Receipt this Period
32.73

C.

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

Mailing Address 1007 Harris Road

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Occupation
Allstate Insurance Company AVP Distribution Channel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 288.27

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149790

Amount of Each Receipt this Period
32.73

SUBTOTAL of Receipts This Page (optional) ▶

90.98

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 613 REX

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation AVP State Team

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 311.39

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149234

Amount of Each Receipt this Period
39.53

B.

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

Mailing Address 613 REX

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation AVP State Team

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.92

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149665

Amount of Each Receipt this Period
39.53

C.

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

Mailing Address 350 EDGE FIELD LANE

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 318.16

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149165

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► **118.83**

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

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

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

FOR LINE NUMBER: PAGE 51 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 350 EDGE FIELD LANE

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 357.93

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149597

Amount of Each Receipt this Period
39.77

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

Mailing Address 22255 MASHIE CT

City State Zip Code
IVANHOE IL 60060

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.99

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149107

Amount of Each Receipt this Period
33.28

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

Mailing Address 22255 MASHIE CT

City State Zip Code
IVANHOE IL 60060

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 296.27

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149539

Amount of Each Receipt this Period
33.28

SUBTOTAL of Receipts This Page (optional) ► 106.33

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

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

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

FOR LINE NUMBER: PAGE 52 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code
DIX HILLS NY 11746

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

Name of Employer Allstate Insurance Company Occupation VP-Agency Distribution

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.32

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149056

Amount of Each Receipt this Period
25.99

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

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code
DIX HILLS NY 11746

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

Name of Employer Allstate Insurance Company Occupation VP-Agency Distribution

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.31

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149489

Amount of Each Receipt this Period
25.99

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

Mailing Address 2321 WEST STEEPLECHASE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Vice President & Assistan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 491.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149111

Amount of Each Receipt this Period
62.20

SUBTOTAL of Receipts This Page (optional) ► **114.18**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 173
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) PATRICK C GALLERY		Date of Receipt
	Mailing Address 2321 WEST STEEPLECHASE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 04 / 24 / 2009
	City	State	Zip Code
	LIBERTYVILLE	IL	60048
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Allstate Insurance Company		Occupation Vice President & Assistan	Transaction ID: A2009-3149543
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 553.70	<input type="text"/> 62.20

B.	Full Name (Last, First, Middle Initial) LYNN A GEHANT		Date of Receipt
	Mailing Address 23W650 WOODWORTH PLACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 04 / 10 / 2009
	City	State	Zip Code
	ROSELLE	IL	60172
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Allstate Insurance Company		Occupation Product Operations Direct	Transaction ID: A2009-3149245
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 298.31	<input type="text"/> 37.52

C.	Full Name (Last, First, Middle Initial) LYNN A GEHANT		Date of Receipt
	Mailing Address 23W650 WOODWORTH PLACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 04 / 24 / 2009
	City	State	Zip Code
	ROSELLE	IL	60172
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Allstate Insurance Company		Occupation Product Operations Direct	Transaction ID: A2009-3149676
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 335.83	<input type="text"/> 37.52

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 137.24
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
BONNIE S GILL

Mailing Address 1570 EDGEFIELD LANE

City State Zip Code
HOFFMAN ESTATES IL 60169

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

Name of Employer Occupation
Allstate Insurance Company AVP State Team

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	9

Transaction ID: A2009-3149409

Amount of Each Receipt this Period

31.76

B.

Full Name (Last, First, Middle Initial)
BONNIE S GILL

Mailing Address 1570 EDGEFIELD LANE

City State Zip Code
HOFFMAN ESTATES IL 60169

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

Name of Employer Occupation
Allstate Insurance Company AVP State Team

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 284.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

Transaction ID: A2009-3149835

Amount of Each Receipt this Period

31.76

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 Occupation
Allstate Insurance Company Claim Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 318.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	9

Transaction ID: A2009-3149062

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

103.29

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 656 S BUCKINGHAM CT

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 357.93

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149495

Amount of Each Receipt this Period
39.77

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 ▼ 225.44

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149154

Amount of Each Receipt this Period
28.53

C.

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 ▼ 253.97

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149586

Amount of Each Receipt this Period
28.53

SUBTOTAL of Receipts This Page (optional) ▶ **96.83**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 4071 NEWPORT LANE

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.35

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149458

Amount of Each Receipt this Period
33.45

B.

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

Mailing Address 4071 NEWPORT LANE

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 297.80

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149882

Amount of Each Receipt this Period
33.45

C.

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

Mailing Address 50 E. BELLEVUE PL. #2402

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Allstate Insurance Company Occupation Senior Marketing Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.31

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149389

Amount of Each Receipt this Period
27.12

SUBTOTAL of Receipts This Page (optional) ► 94.02

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 173
	(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)
PAMELA P GRAY

Mailing Address 50 E. BELLEVUE PL. #2402

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Allstate Insurance Company Occupation Senior Marketing Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 241.43

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149815

Amount of Each Receipt this Period
27.12

B.

Full Name (Last, First, Middle Initial)
JUDITH P GREFFIN

Mailing Address 338 North Kenilworth

City State Zip Code
OAK PARK IL 60302

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

Name of Employer Allstate Insurance Company Occupation SVP & Chief Investment Of

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 426.88

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149169

Amount of Each Receipt this Period
53.36

C.

Full Name (Last, First, Middle Initial)
JUDITH P GREFFIN

Mailing Address 338 North Kenilworth

City State Zip Code
OAK PARK IL 60302

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

Name of Employer Allstate Insurance Company Occupation SVP & Chief Investment Of

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.24

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149601

Amount of Each Receipt this Period
53.36

SUBTOTAL of Receipts This Page (optional) ► **133.84**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
ANN M GROSS

Mailing Address 91 STABLE WAY

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 219.30

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149501

Amount of Each Receipt this Period
24.90

B.

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

Mailing Address 417 Adams Avenue

City State Zip Code
Glencoe IL 60022

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 203.29

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149351

Amount of Each Receipt this Period
25.73

C.

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

Mailing Address 417 Adams Avenue

City State Zip Code
Glencoe IL 60022

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.02

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149780

Amount of Each Receipt this Period
25.73

SUBTOTAL of Receipts This Page (optional) ► **76.36**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JAMES W HAIDU

Mailing Address 3 South Wynstone

City State Zip Code
N. BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP Insurance Reserve

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 445.79

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149298

Amount of Each Receipt this Period
56.33

B.

Full Name (Last, First, Middle Initial)
JAMES W HAIDU

Mailing Address 3 South Wynstone

City State Zip Code
N. BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP Insurance Reserve

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 502.12

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149729

Amount of Each Receipt this Period
56.33

C.

Full Name (Last, First, Middle Initial)
ROBERT F HAIR

Mailing Address 17 NORTH TRAIL

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.93

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149459

Amount of Each Receipt this Period
26.51

SUBTOTAL of Receipts This Page (optional) ► **139.17**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
ROBERT F HAIR

Mailing Address 17 NORTH TRAIL

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.44

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149883

Amount of Each Receipt this Period
26.51

B.

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

Mailing Address 840 ALLEGHANY

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.77

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149418

Amount of Each Receipt this Period
35.01

C.

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

Mailing Address 840 ALLEGHANY

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 311.78

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149844

Amount of Each Receipt this Period
35.01

SUBTOTAL of Receipts This Page (optional) ▶ 96.53

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

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

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

FOR LINE NUMBER: PAGE 61 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DANIEL J HEBEL

Mailing Address 29030 N Spoon Court

City State Zip Code
Ivanhoe IL 60060

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 544.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	9

Transaction ID: A2009-3149161

Amount of Each Receipt this Period
69.38

B. Full Name (Last, First, Middle Initial)
DANIEL J HEBEL

Mailing Address 29030 N Spoon Court

City State Zip Code
Ivanhoe IL 60060

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 614.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Transaction ID: A2009-3149593

Amount of Each Receipt this Period
69.38

C. Full Name (Last, First, Middle Initial)
RICHARD J HENEBERRY

Mailing Address 23 CLAYTON

City State Zip Code
LAKE VILLA IL 60046

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

Name of Employer Allstate Insurance Company Occupation AVP Corporate Marketing

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Transaction ID: A2009-3149617

Amount of Each Receipt this Period
25.14

SUBTOTAL of Receipts This Page (optional) ► **163.90**

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

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

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

FOR LINE NUMBER: PAGE 62 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ROBERT L HERRING
 Mailing Address 4337 SPRUCE BOUGH DR
 City State Zip Code
 MARIETTA GA 30062
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 9
Transaction ID: A2009-3149382
 Amount of Each Receipt this Period
 32.96
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Sales Consultant Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.63

B. Full Name (Last, First, Middle Initial)
ROBERT L HERRING
 Mailing Address 4337 SPRUCE BOUGH DR
 City State Zip Code
 MARIETTA GA 30062
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 4 / 2 0 0 9
Transaction ID: A2009-3149808
 Amount of Each Receipt this Period
 32.96
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Sales Consultant Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 292.59

C. Full Name (Last, First, Middle Initial)
WILLIAM G HILL
 Mailing Address 2935 GLENARYE DRIVE
 City State Zip Code
 LINDENHURST IL 60046
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 9
Transaction ID: A2009-3149130
 Amount of Each Receipt this Period
 100.26
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation VP-Agency Distribution
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 785.13

SUBTOTAL of Receipts This Page (optional) ► 166.18
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 173
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) WILLIAM G HILL		Date of Receipt
	Mailing Address 2935 GLENARYE DRIVE		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LINDENHURST	IL	60046
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation VP-Agency Distribution	Transaction ID: A2009-3149562
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="885.39"/>	<input type="text" value="100.26"/>

B.	Full Name (Last, First, Middle Initial) LINDA M HONOUR		Date of Receipt
	Mailing Address 1066 Griffith Rd.		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lake Forest	IL	60045
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation VP Investment Operations	Transaction ID: A2009-3149466
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="361.84"/>	<input type="text" value="45.23"/>

C.	Full Name (Last, First, Middle Initial) LINDA M HONOUR		Date of Receipt
	Mailing Address 1066 Griffith Rd.		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lake Forest	IL	60045
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation VP Investment Operations	Transaction ID: A2009-3149890
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="407.07"/>	<input type="text" value="45.23"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="190.72"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 49 DORAL STREET

City State Zip Code
HURRICANE WV 25526

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

Name of Employer Occupation
Allstate Insurance Company Market Sales Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 212.12

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149565

Amount of Each Receipt this Period

23.83

B.

Full Name (Last, First, Middle Initial)
F M HORD

Mailing Address 1101 S. State Street 1002

City State Zip Code
Chicago IL 60605

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

Name of Employer Occupation
Allstate Insurance Company Claims Service Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.06

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149177

Amount of Each Receipt this Period

31.52

C.

Full Name (Last, First, Middle Initial)
F M HORD

Mailing Address 1101 S. State Street 1002

City State Zip Code
Chicago IL 60605

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

Name of Employer Occupation
Allstate Insurance Company Claims Service Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.58

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149609

Amount of Each Receipt this Period

31.52

SUBTOTAL of Receipts This Page (optional) ▶

86.87

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code
KILDEER IL 60047

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

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

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 376.07

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149273

Amount of Each Receipt this Period

47.74

B.

Full Name (Last, First, Middle Initial)
STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code
KILDEER IL 60047

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

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

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 423.81

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149704

Amount of Each Receipt this Period

47.74

C.

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 Occupation
Allstate Insurance Company Senior Sourcing Manager

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 228.56

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149225

Amount of Each Receipt this Period

29.27

SUBTOTAL of Receipts This Page (optional) ▶

124.75

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

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

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

FOR LINE NUMBER: PAGE 66 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
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 ▼ 257.83

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149657

Amount of Each Receipt this Period
29.27

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

Mailing Address 3602 FRANKLIN CT.

City State Zip Code
CRYSTAL LAKE IL 60014

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

Name of Employer Allstate Insurance Company Occupation Vice President Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.69

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149208

Amount of Each Receipt this Period
81.08

C. Full Name (Last, First, Middle Initial)
MICHAEL A JACKOWSKI

Mailing Address 3602 FRANKLIN CT.

City State Zip Code
CRYSTAL LAKE IL 60014

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

Name of Employer Allstate Insurance Company Occupation Vice President Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 721.77

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149640

Amount of Each Receipt this Period
81.08

SUBTOTAL of Receipts This Page (optional) ► 191.43

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Occupation
Allstate Insurance Company Field Operations Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 264.75

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149201

Amount of Each Receipt this Period

33.50

B.

Full Name (Last, First, Middle Initial)
JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Occupation
Allstate Insurance Company Field Operations Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 298.25

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149633

Amount of Each Receipt this Period

33.50

C.

Full Name (Last, First, Middle Initial)
TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City State Zip Code
PALATINE IL 60067

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

Name of Employer Occupation
Allstate Insurance Company Vice President & General

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 658.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149268

Amount of Each Receipt this Period

82.25

SUBTOTAL of Receipts This Page (optional) ▶

149.25

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City PALATINE State IL Zip Code 60067

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

Name of Employer Allstate Insurance Company Occupation Vice President & General

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 740.25

Date of Receipt: 04 / 24 / 2009
Transaction ID: A2009-3149699
 Amount of Each Receipt this Period: 82.25

B.

Full Name (Last, First, Middle Initial)
DAVID E KENNEY

Mailing Address 622 SEDGWICK DR.

City LIBERTYVILLE State IL Zip Code 60048

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 318.00

Date of Receipt: 04 / 10 / 2009
Transaction ID: A2009-3149299
 Amount of Each Receipt this Period: 39.75

C.

Full Name (Last, First, Middle Initial)
DAVID E KENNEY

Mailing Address 622 SEDGWICK DR.

City LIBERTYVILLE State IL Zip Code 60048

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 357.75

Date of Receipt: 04 / 24 / 2009
Transaction ID: A2009-3149730
 Amount of Each Receipt this Period: 39.75

SUBTOTAL of Receipts This Page (optional) ► 161.75

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1430 ROLLING LINKS DRIVE

City State Zip Code
ALPHARETTA GA 30004

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 397.61

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149049

Amount of Each Receipt this Period
50.32

B.

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

Mailing Address 1430 ROLLING LINKS DRIVE

City State Zip Code
ALPHARETTA GA 30004

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 447.93

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149482

Amount of Each Receipt this Period
50.32

C.

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

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code
BARTLETT IL 60103

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 313.06

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149203

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► 140.41

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code
BARTLETT IL 60103

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

Name of Employer Occupation
Allstate Insurance Company CC IT Systems Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 352.83

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149635

Amount of Each Receipt this Period

39.77

B.

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

Mailing Address 200 OXFORD RD

City State Zip Code
Tower Lakes IL 60010

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 202.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149254

Amount of Each Receipt this Period

25.41

C.

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

Mailing Address 200 OXFORD RD

City State Zip Code
Tower Lakes IL 60010

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 227.44

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149685

Amount of Each Receipt this Period

25.41

SUBTOTAL of Receipts This Page (optional)

90.59

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 173
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
JAMES P KING

Mailing Address 592 TURNER AVENUE

City State Zip Code
GLEN ELLYN IL 60137

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 292.40

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149332

Amount of Each Receipt this Period
36.55

B.

Full Name (Last, First, Middle Initial)
JAMES P KING

Mailing Address 592 TURNER AVENUE

City State Zip Code
GLEN ELLYN IL 60137

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 328.95

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149761

Amount of Each Receipt this Period
36.55

C.

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

Mailing Address 2050 GLENDALE AVE

City State Zip Code
NORTHBROOK IL 60062

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 242.08

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149415

Amount of Each Receipt this Period
30.91

SUBTOTAL of Receipts This Page (optional) ► **104.01**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 2050 GLENDALE AVE

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 272.99

Date of Receipt: 04 / 24 / 2009
Transaction ID: A2009-3149841
Amount of Each Receipt this Period: 30.91

B. Full Name (Last, First, Middle Initial)
GARY L KOCHANEK

Mailing Address 743 CARDIGAN CT

City NAPERVILLE State IL Zip Code 60565

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

Name of Employer Allstate Insurance Company Occupation Finance Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 261.60

Date of Receipt: 04 / 10 / 2009
Transaction ID: A2009-3149210
Amount of Each Receipt this Period: 32.70

C. Full Name (Last, First, Middle Initial)
GARY L KOCHANEK

Mailing Address 743 CARDIGAN CT

City NAPERVILLE State IL Zip Code 60565

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

Name of Employer Allstate Insurance Company Occupation Finance Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.30

Date of Receipt: 04 / 24 / 2009
Transaction ID: A2009-3149642
Amount of Each Receipt this Period: 32.70

SUBTOTAL of Receipts This Page (optional) ► 96.31

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 341 N FIORE PARKWAY

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 318.16

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149206

Amount of Each Receipt this Period
39.77

B.

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

Mailing Address 341 N FIORE PARKWAY

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 357.93

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149638

Amount of Each Receipt this Period
39.77

C.

Full Name (Last, First, Middle Initial)
JAIKRISHNA KUCHIMANCHI

Mailing Address 1503 ALMADEN LN

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 241.25

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149331

Amount of Each Receipt this Period
30.90

SUBTOTAL of Receipts This Page (optional) ► **110.44**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JAIKRISHNA KUCHIMANCHI

Mailing Address 1503 ALMADEN LN

City State Zip Code
GURNEE IL 60031

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

Name of Employer Occupation
Allstate Insurance Company CC IT Planning Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 272.15

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149760

Amount of Each Receipt this Period
30.90

B.

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

Mailing Address 20580 HIGH RIDGE DR.

City State Zip Code
KILDEER IL 60047

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

Name of Employer Occupation
Allstate Insurance Company Vice President Product

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 551.16

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149258

Amount of Each Receipt this Period
69.32

C.

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

Mailing Address 20580 HIGH RIDGE DR.

City State Zip Code
KILDEER IL 60047

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

Name of Employer Occupation
Allstate Insurance Company Vice President Product

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 620.48

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149689

Amount of Each Receipt this Period
69.32

SUBTOTAL of Receipts This Page (optional)

169.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1190 Palmer AVENUE

City State Zip Code
WINTER PARK FL 32789

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 614.52

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149422

Amount of Each Receipt this Period
78.24

B.

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

Mailing Address 1190 Palmer AVENUE

City State Zip Code
WINTER PARK FL 32789

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 692.76

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149848

Amount of Each Receipt this Period
78.24

C.

Full Name (Last, First, Middle Initial)
MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City State Zip Code
BELLEVUE WA 98004

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.85

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149461

Amount of Each Receipt this Period
62.30

SUBTOTAL of Receipts This Page (optional) ► **218.78**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City State Zip Code
BELLEVUE WA 98004

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 553.15

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149885

Amount of Each Receipt this Period
62.30

B.

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

Mailing Address 1705 DARTMOUTH LN

City State Zip Code
DEERFIELD IL 60015

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

Name of Employer Allstate Insurance Company Occupation Vice President Sec & Gene

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.02

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149048

Amount of Each Receipt this Period
28.99

C.

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

Mailing Address 1705 DARTMOUTH LN

City State Zip Code
DEERFIELD IL 60015

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

Name of Employer Allstate Insurance Company Occupation Vice President Sec & Gene

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 254.01

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149481

Amount of Each Receipt this Period
28.99

SUBTOTAL of Receipts This Page (optional) ► **120.28**

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

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

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

FOR LINE NUMBER: PAGE 77 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 25658 N ARROWHEAD

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 254.14

Date of Receipt: 04 / 10 / 2009
Transaction ID: A2009-3149215
Amount of Each Receipt this Period: 25.31

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

Mailing Address 25658 N ARROWHEAD

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.68

Date of Receipt: 04 / 24 / 2009
Transaction ID: A2009-3149647
Amount of Each Receipt this Period: 26.54

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER T LONGEWAY

Mailing Address 4536 N. Leavitt

City State Zip Code
CHICAGO IL 60625

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 236.00

Date of Receipt: 04 / 10 / 2009
Transaction ID: A2009-3149267
Amount of Each Receipt this Period: 30.05

SUBTOTAL of Receipts This Page (optional) ► 81.90

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CHRISTOPHER T LONGEWAY

Mailing Address 4536 N. Leavitt

City State Zip Code
CHICAGO IL 60625

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.05

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149698

Amount of Each Receipt this Period 30.05

B.

Full Name (Last, First, Middle Initial)
JOHN C LOUNDS

Mailing Address 4424 STONEHAVEN

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Allstate Insurance Company Occupation Vice President Product AF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 274.70

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149362

Amount of Each Receipt this Period 7.74

C.

Full Name (Last, First, Middle Initial)
BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST. APT. 504

City State Zip Code
CHICAGO IL 60604

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 258.72

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149313

Amount of Each Receipt this Period 33.14

SUBTOTAL of Receipts This Page (optional) ► 70.93

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

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

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

FOR LINE NUMBER: PAGE 79 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST. APT. 504

City State Zip Code
CHICAGO IL 60604

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.86

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149742

Amount of Each Receipt this Period
33.14

B. Full Name (Last, First, Middle Initial)
DANIEL J MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code
CASTLE ROCK CO 80104

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

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 233.93

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149374

Amount of Each Receipt this Period
29.96

C. Full Name (Last, First, Middle Initial)
DANIEL J MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code
CASTLE ROCK CO 80104

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

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 263.89

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149801

Amount of Each Receipt this Period
29.96

SUBTOTAL of Receipts This Page (optional) ► 93.06

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

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

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

FOR LINE NUMBER: PAGE 80 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MORRIS A MADURO
Mailing Address PO BOX 4343
City NAPERVILLE State IL Zip Code 60567
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Sales Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 318.16
Date of Receipt 04 / 10 / 2009
Transaction ID: A2009-3149069
Amount of Each Receipt this Period 39.77

B. Full Name (Last, First, Middle Initial)
MORRIS A MADURO
Mailing Address PO BOX 4343
City NAPERVILLE State IL Zip Code 60567
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Sales Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 357.93
Date of Receipt 04 / 24 / 2009
Transaction ID: A2009-3149502
Amount of Each Receipt this Period 39.77

C. Full Name (Last, First, Middle Initial)
FELIX A MANTILLA
Mailing Address 28601 N. Sky Crest Drive
City Ivanhoe State IL Zip Code 60060
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 ▼ 349.34
Date of Receipt 04 / 10 / 2009
Transaction ID: A2009-3149376
Amount of Each Receipt this Period 9.70

SUBTOTAL of Receipts This Page (optional) ► 89.24
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 173
	<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 P MARK	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 3178 HAVEN LANE	Transaction ID: A2009-3149289
	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 ▼ 301.36	

B.	Full Name (Last, First, Middle Initial) MICHAEL P MARK	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 3178 HAVEN LANE	Transaction ID: A2009-3149720
	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 ▼ 339.03	

C.	Full Name (Last, First, Middle Initial) MARY J MC GINN	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 155 BUCKLEY ROAD	Transaction ID: A2009-3149297
	City State Zip Code BARRINGTON HILL IL 60010	Amount of Each Receipt this Period 79.28
	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 ▼ 626.44	

SUBTOTAL of Receipts This Page (optional)	154.62
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 82 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
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 ▼ 705.72

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149728

Amount of Each Receipt this Period
79.28

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 ▼ 318.08

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149243

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 ▼ 357.84

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149674

Amount of Each Receipt this Period
39.76

SUBTOTAL of Receipts This Page (optional) ► 158.80

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 173
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
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 ▼ 208.29

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149867

Amount of Each Receipt this Period
23.71

B.

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

Mailing Address 103 Wateredge Court

City State Zip Code
Safety Harbor FL 34695

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 279.13

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: A2009-3149438

Amount of Each Receipt this Period
35.11

C.

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

Mailing Address 103 Wateredge Court

City State Zip Code
Safety Harbor FL 34695

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 314.24

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149862

Amount of Each Receipt this Period
35.11

SUBTOTAL of Receipts This Page (optional) ► **93.93**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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 MCKINNEY	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 5065 Raintree Circle	Transaction ID: A2009-3149124
	City State Zip Code Parker CO 80134	Amount of Each Receipt this Period 25.61
	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 ▼ 201.73	

B.	Full Name (Last, First, Middle Initial) MICHAEL MCKINNEY	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 5065 Raintree Circle	Transaction ID: A2009-3149556
	City State Zip Code Parker CO 80134	Amount of Each Receipt this Period 25.61
	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 ▼ 227.34	

C.	Full Name (Last, First, Middle Initial) JEFFREY J MCRAE	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 83 Arcadia Lane	Transaction ID: A2009-3149591
	City State Zip Code LAKE ZURICH IL 60047	Amount of Each Receipt this Period 23.45
	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 ▼ 206.55	

SUBTOTAL of Receipts This Page (optional)	74.67
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 / 173
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) GARY A MELLINI	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 21050 PRESTWICK DRIVE	Transaction ID: A2009-3149064
	City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 34.68
	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 ▼ 272.24	

B.	Full Name (Last, First, Middle Initial) GARY A MELLINI	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 21050 PRESTWICK DRIVE	Transaction ID: A2009-3149497
	City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 34.68
	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 ▼ 306.92	

C.	Full Name (Last, First, Middle Initial) FREDERICK J MILLER	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 6975 MEADOW POINT TER	Transaction ID: A2009-3149174
	City State Zip Code NEW MARKET MD 21774	Amount of Each Receipt this Period 26.47
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Agency Education Consulta Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 207.91	

SUBTOTAL of Receipts This Page (optional)	95.83
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 86 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
FREDERICK J MILLER

Mailing Address 6975 MEADOW POINT TER

City State Zip Code
NEW MARKET MD 21774

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

Name of Employer Allstate Insurance Company Occupation Agency Education Consulta

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 234.38

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149606

Amount of Each Receipt this Period
26.47

B. Full Name (Last, First, Middle Initial)
CHRISTINE K MINER

Mailing Address 25264 MCINTYRE SQUARE

City State Zip Code
SOUTH RIDING VA 20152

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.16

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149152

Amount of Each Receipt this Period
27.02

C. Full Name (Last, First, Middle Initial)
CHRISTINE K MINER

Mailing Address 25264 MCINTYRE SQUARE

City State Zip Code
SOUTH RIDING VA 20152

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 241.18

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149584

Amount of Each Receipt this Period
27.02

SUBTOTAL of Receipts This Page (optional) ► 80.51

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
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 Occupation
Allstate Insurance Company AVP PCCSO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.21

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149659

Amount of Each Receipt this Period

23.64

B.

Full Name (Last, First, Middle Initial)
KAREN S MORRIS

Mailing Address 27707 LA VISTA DRIVE

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 318.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149317

Amount of Each Receipt this Period

39.76

C.

Full Name (Last, First, Middle Initial)
KAREN S MORRIS

Mailing Address 27707 LA VISTA DRIVE

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 357.84

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149746

Amount of Each Receipt this Period

39.76

SUBTOTAL of Receipts This Page (optional) ▶

103.16

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
LARRY E MOSER

Mailing Address 611 W. BURNING TREE LANE

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Occupation
Allstate Insurance Company Research Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 226.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149222

Amount of Each Receipt this Period

28.35

B.

Full Name (Last, First, Middle Initial)
LARRY E MOSER

Mailing Address 611 W. BURNING TREE LANE

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Occupation
Allstate Insurance Company Research Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.15

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149654

Amount of Each Receipt this Period

28.35

C.

Full Name (Last, First, Middle Initial)
MEGHAN O MULVIHILL

Mailing Address 2445 CHERRY LANE

City State Zip Code
NORTHBROOK IL 60062

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

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.56

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149122

Amount of Each Receipt this Period

33.27

SUBTOTAL of Receipts This Page (optional) ▶

89.97

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 / 173
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) MEGHAN O MULVIHILL	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 2445 CHERRY LANE	Transaction ID: A2009-3149554
	City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 33.27
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 293.83	

B.	Full Name (Last, First, Middle Initial) MICHAEL F MULVIHILL	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 2445 CHERRY LANE	Transaction ID: A2009-3149211
	City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 39.09
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 307.92	

C.	Full Name (Last, First, Middle Initial) MICHAEL F MULVIHILL	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 2445 CHERRY LANE	Transaction ID: A2009-3149643
	City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 39.09
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 347.01	

SUBTOTAL of Receipts This Page (optional)	▶	111.45
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 90 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 1908 Silver Lake Road

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 318.16

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149406

Amount of Each Receipt this Period
39.77

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

Mailing Address 1908 Silver Lake Road

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 357.93

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149832

Amount of Each Receipt this Period
39.77

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

Mailing Address 2950 LAKE PLACID

City State Zip Code
NORTHBROOK IL 60062

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 432.02

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149338

Amount of Each Receipt this Period
55.92

SUBTOTAL of Receipts This Page (optional) ► **135.46**

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

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

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

FOR LINE NUMBER: PAGE 91 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 2950 LAKE PLACID

City State Zip Code
NORTHBROOK IL 60062

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 487.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149767

Amount of Each Receipt this Period

55.92

B.

Full Name (Last, First, Middle Initial)
BRIAN J NAGEL

Mailing Address 1211 AIMTREE

City State Zip Code
SCHAUMBURG IL 60194

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

Name of Employer Occupation
Allstate Insurance Company CC IT Systems Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 303.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149237

Amount of Each Receipt this Period

37.95

C.

Full Name (Last, First, Middle Initial)
BRIAN J NAGEL

Mailing Address 1211 AIMTREE

City State Zip Code
SCHAUMBURG IL 60194

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

Name of Employer Occupation
Allstate Insurance Company CC IT Systems Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 341.55

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149668

Amount of Each Receipt this Period

37.95

SUBTOTAL of Receipts This Page (optional)

131.82

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City State Zip Code
LAKE BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 918.12

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149196

Amount of Each Receipt this Period
116.54

B.

Full Name (Last, First, Middle Initial)
DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City State Zip Code
LAKE BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1034.66

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149628

Amount of Each Receipt this Period
116.54

C.

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

Mailing Address 22451 THORNBURY CT

City State Zip Code
DEER PARK IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President Human Reso

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 426.44

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149407

Amount of Each Receipt this Period
54.13

SUBTOTAL of Receipts This Page (optional) ► **287.21**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 22451 THORNBURY CT

City State Zip Code
DEER PARK IL 60010

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

Name of Employer Occupation
Allstate Insurance Company Vice President Human Reso

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.57

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149833

Amount of Each Receipt this Period

54.13

B.

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

Mailing Address 1423 PIONEER COURT

City State Zip Code
WAUKEGAN IL 60085

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

Name of Employer Occupation
Allstate Insurance Company Human Resource Senior Man

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 243.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149333

Amount of Each Receipt this Period

30.78

C.

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

Mailing Address 1423 PIONEER COURT

City State Zip Code
WAUKEGAN IL 60085

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

Name of Employer Occupation
Allstate Insurance Company Human Resource Senior Man

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 274.72

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149762

Amount of Each Receipt this Period

30.78

SUBTOTAL of Receipts This Page (optional) ▶

115.69

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
NICHOLAS A NOTTE

Mailing Address 743 OLD WESTBURY RD.

City State Zip Code
CRYSTAL LAKE IL 60012

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.08

Date of Receipt: 04 / 10 / 2009
Transaction ID: A2009-3149469
Amount of Each Receipt this Period: 26.51

B. Full Name (Last, First, Middle Initial)
NICHOLAS A NOTTE

Mailing Address 743 OLD WESTBURY RD.

City State Zip Code
CRYSTAL LAKE IL 60012

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.59

Date of Receipt: 04 / 24 / 2009
Transaction ID: A2009-3149893
Amount of Each Receipt this Period: 26.51

C. Full Name (Last, First, Middle Initial)
Patrick M O'Brien

Mailing Address 976 Hampton Park

City State Zip Code
Barrington IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP - Emerging Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 511.49

Date of Receipt: 04 / 10 / 2009
Transaction ID: A2009-3149477
Amount of Each Receipt this Period: 64.73

SUBTOTAL of Receipts This Page (optional) ► 117.75

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
Patrick M O'Brien

Mailing Address 976 Hampton Park

City State Zip Code
Barrington IL 60010

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

Name of Employer Occupation
Allstate Insurance Company AVP - Emerging Business

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.22

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149901

Amount of Each Receipt this Period

64.73

B.

Full Name (Last, First, Middle Initial)
MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer Occupation
Allstate Insurance Company Territorial Sales Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 234.01

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149083

Amount of Each Receipt this Period

29.52

C.

Full Name (Last, First, Middle Initial)
MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer Occupation
Allstate Insurance Company Territorial Sales Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 263.53

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149515

Amount of Each Receipt this Period

29.52

SUBTOTAL of Receipts This Page (optional) ▶

123.77

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

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

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

FOR LINE NUMBER: PAGE 96 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ROGER D ODLE II, II
 Mailing Address 5170 BARCROFT DRIVE
 City State Zip Code
 HOFFMAN ESTATES IL 60010
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 9
Transaction ID: A2009-3149304
 Amount of Each Receipt this Period
 39.67
 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 ▼ 313.46

B. Full Name (Last, First, Middle Initial)
ROGER D ODLE II, II
 Mailing Address 5170 BARCROFT DRIVE
 City State Zip Code
 HOFFMAN ESTATES IL 60010
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 4 / 2 0 0 9
Transaction ID: A2009-3149735
 Amount of Each Receipt this Period
 39.67
 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 ▼ 353.13

C. Full Name (Last, First, Middle Initial)
KATHY A OLCESE
 Mailing Address 133 S. Mitchell
 City State Zip Code
 Arlington Heights IL 60005
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 4 / 2 0 0 9
Transaction ID: A2009-3149608
 Amount of Each Receipt this Period
 25.10
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AVP-Product
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 222.25

SUBTOTAL of Receipts This Page (optional) ► 104.44
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Occupation
Allstate Insurance Company Vice President PCCSO Fiel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 543.87

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149397

Amount of Each Receipt this Period

69.29

B.

Full Name (Last, First, Middle Initial)
JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Occupation
Allstate Insurance Company Vice President PCCSO Fiel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 613.16

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149823

Amount of Each Receipt this Period

69.29

C.

Full Name (Last, First, Middle Initial)
PAMELA J OVERTON

Mailing Address 23475 W. Newhaven Dr.

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Occupation
Allstate Insurance Company AVP PCCSO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 333.76

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149158

Amount of Each Receipt this Period

42.37

SUBTOTAL of Receipts This Page (optional)

180.95

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 98 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
PAMELA J OVERTON

Mailing Address 23475 W. Newhaven Dr.

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 376.13

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149590

Amount of Each Receipt this Period

42.37

B.

Full Name (Last, First, Middle Initial)
DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City State Zip Code
EDGEWATER MD 21037

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 318.16

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149117

Amount of Each Receipt this Period

39.77

C.

Full Name (Last, First, Middle Initial)
DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City State Zip Code
EDGEWATER MD 21037

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 357.93

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149549

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

121.91

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1107 BONITA DRIVE

City State Zip Code
PARK RIDGE IL 60068

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

Name of Employer Allstate Insurance Company Occupation AVP Public Relations Mana

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 474.15

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149305

Amount of Each Receipt this Period
97.41

B.

Full Name (Last, First, Middle Initial)
MAYUR M PATEL

Mailing Address 742 E PARKVIEW CT

City State Zip Code
ROSELLE IL 60172

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.92

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149239

Amount of Each Receipt this Period
31.24

C.

Full Name (Last, First, Middle Initial)
MAYUR M PATEL

Mailing Address 742 E PARKVIEW CT

City State Zip Code
ROSELLE IL 60172

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.16

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149670

Amount of Each Receipt this Period
31.24

SUBTOTAL of Receipts This Page (optional) ► **159.89**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CHARLES PAUL

Mailing Address 301 CAMELOT LANE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Occupation
Allstate Insurance Company General Vice President Em

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.78

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149106

Amount of Each Receipt this Period
76.26

B.

Full Name (Last, First, Middle Initial)
CHARLES PAUL

Mailing Address 301 CAMELOT LANE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Occupation
Allstate Insurance Company General Vice President Em

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 677.04

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149538

Amount of Each Receipt this Period
76.26

C.

Full Name (Last, First, Middle Initial)
RONALD J PEPPING

Mailing Address 2721 Acorn Ct.

City State Zip Code
West Dundee IL 60118

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

Name of Employer Occupation
Allstate Insurance Company Senior Sales Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 241.28

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149280

Amount of Each Receipt this Period
30.16

SUBTOTAL of Receipts This Page (optional) ▶

182.68

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

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

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

FOR LINE NUMBER: PAGE 101 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
RONALD J PEPPING

Mailing Address 2721 Acorn Ct.

City State Zip Code
West Dundee IL 60118

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 271.44

Date of Receipt: 04 / 24 / 2009
Transaction ID: A2009-3149711
Amount of Each Receipt this Period: 30.16

B. Full Name (Last, First, Middle Initial)
FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City State Zip Code
LAKE FOREST IL 60045

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 402.45

Date of Receipt: 04 / 10 / 2009
Transaction ID: A2009-3149074
Amount of Each Receipt this Period: 51.55

C. Full Name (Last, First, Middle Initial)
FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City State Zip Code
LAKE FOREST IL 60045

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 454.00

Date of Receipt: 04 / 24 / 2009
Transaction ID: A2009-3149507
Amount of Each Receipt this Period: 51.55

SUBTOTAL of Receipts This Page (optional) ► 133.26

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 173 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) JOHN M PETERS</p> <p>Mailing Address 6727 N Sioux Ave</p> <hr/> <p>City State Zip Code CHICAGO IL 60646</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Allstate Insurance Company Occupation: Allstate Financial Senior</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Aggregate Year-to-Date ▼ 236.72</p>	<p>Date of Receipt 04 / 10 / 2009</p> <p>Transaction ID: A2009-3149450</p> <p>Amount of Each Receipt this Period 30.09</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) JOHN M PETERS</p> <p>Mailing Address 6727 N Sioux Ave</p> <hr/> <p>City State Zip Code CHICAGO IL 60646</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Allstate Insurance Company Occupation: Allstate Financial Senior</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Aggregate Year-to-Date ▼ 266.81</p>	<p>Date of Receipt 04 / 24 / 2009</p> <p>Transaction ID: A2009-3149874</p> <p>Amount of Each Receipt this Period 30.09</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) THOMAS S PETERSON</p> <p>Mailing Address 2756 BRECKENRIDGE LANE</p> <hr/> <p>City State Zip Code NAPERVILLE IL 60565</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Allstate Insurance Company Occupation: CC IT Senior Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Aggregate Year-to-Date ▼ 245.73</p>	<p>Date of Receipt 04 / 10 / 2009</p> <p>Transaction ID: A2009-3149468</p> <p>Amount of Each Receipt this Period 30.91</p>
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SUBTOTAL of Receipts This Page (optional)	91.09
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 173
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
THOMAS S PETERSON

Mailing Address 2756 BRECKENRIDGE LANE

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 276.64

Date of Receipt: MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149892

Amount of Each Receipt this Period: 30.91

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

Mailing Address 580 SALCEDA DR

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation AVP Property & Casualty F

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 403.98

Date of Receipt: MM / DD / YYYY
04 / 10 / 2009

Transaction ID: A2009-3149073

Amount of Each Receipt this Period: 50.81

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

Mailing Address 580 SALCEDA DR

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation AVP Property & Casualty F

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 454.79

Date of Receipt: MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149506

Amount of Each Receipt this Period: 50.81

SUBTOTAL of Receipts This Page (optional) ► **132.53**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) JOHN C PINTOZZI	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 2116 W CHURCHILL ST	Transaction ID: A2009-3149195
	City State Zip Code CHICAGO IL 60647	Amount of Each Receipt this Period 71.19
	FEC ID number of contributing federal political committee. C	
	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 ▼ 560.82	

B.	Full Name (Last, First, Middle Initial) JOHN C PINTOZZI	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 2116 W CHURCHILL ST	Transaction ID: A2009-3149627
	City State Zip Code CHICAGO IL 60647	Amount of Each Receipt this Period 71.19
	FEC ID number of contributing federal political committee. C	
	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 ▼ 632.01	

C.	Full Name (Last, First, Middle Initial) Mark D Pitchford	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 653 Hinman Ave	Transaction ID: A2009-3149472
	City State Zip Code Evanston IL 60202	Amount of Each Receipt this Period 65.91
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: VP Direct Distribution Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.83	

SUBTOTAL of Receipts This Page (optional)	208.29
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 173

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
Mark D Pitchford

Mailing Address 653 Hinman Ave

City State Zip Code
Evanston IL 60202

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

Name of Employer Occupation
Allstate Insurance Company VP Direct Distribution

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 586.74

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149896

Amount of Each Receipt this Period

65.91

B.

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

Mailing Address 2816 HAVEN LANE

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Occupation
Allstate Insurance Company Vice President Field

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 371.99

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149067

Amount of Each Receipt this Period

47.08

C.

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

Mailing Address 2816 HAVEN LANE

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Occupation
Allstate Insurance Company Vice President Field

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 419.07

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149500

Amount of Each Receipt this Period

47.08

SUBTOTAL of Receipts This Page (optional) ▶

160.07

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City State Zip Code
ARLINGTON HGTS IL 60005

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

Name of Employer Allstate Insurance Company Occupation Product Operations Direct

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.86

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149462

Amount of Each Receipt this Period
32.32

B.

Full Name (Last, First, Middle Initial)
JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City State Zip Code
ARLINGTON HGTS IL 60005

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

Name of Employer Allstate Insurance Company Occupation Product Operations Direct

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 283.18

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149886

Amount of Each Receipt this Period
32.32

C.

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

Mailing Address 837 S. CHESTNUT AVENUE

City State Zip Code
ARLINGTON HEIGH IL 60005

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 318.16

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149360

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► **104.41**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) MARY J QUINN	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 837 S. CHESTNUT AVENUE	Transaction ID: A2009-3149789
	City State Zip Code ARLINGTON HEIGH IL 60005	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 ▼ 357.93	

B.	Full Name (Last, First, Middle Initial) JOSEPH P RATH	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 359 STAFFORD COURT	Transaction ID: A2009-3149166
	City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 58.13
	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 ▼ 465.04	

C.	Full Name (Last, First, Middle Initial) JOSEPH P RATH	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 359 STAFFORD COURT	Transaction ID: A2009-3149598
	City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 58.13
	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 ▼ 523.17	

SUBTOTAL of Receipts This Page (optional)	156.03
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 441 KELLY LANE

City State Zip Code
CRYSTAL LAKE IL 60012

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 352.73

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149053

Amount of Each Receipt this Period
44.91

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 Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 397.64

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149486

Amount of Each Receipt this Period
44.91

C.

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

Mailing Address 618 Burdick St.

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 292.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149252

Amount of Each Receipt this Period
37.26

SUBTOTAL of Receipts This Page (optional) ► **127.08**

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

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

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

FOR LINE NUMBER: PAGE 109 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 618 Burdick St.

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 329.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Transaction ID: A2009-3149683

Amount of Each Receipt this Period
37.26

B. Full Name (Last, First, Middle Initial)
BRIAN R RICHARD

Mailing Address 37 JOSEPH PLACE

City State Zip Code
WAYNE NJ 07470

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

Name of Employer Allstate Insurance Company Occupation Market Sales Leader

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 204.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	9

Transaction ID: A2009-3149045

Amount of Each Receipt this Period
26.23

C. Full Name (Last, First, Middle Initial)
BRIAN R RICHARD

Mailing Address 37 JOSEPH PLACE

City State Zip Code
WAYNE NJ 07470

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

Name of Employer Allstate Insurance Company Occupation Market Sales Leader

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Transaction ID: A2009-3149478

Amount of Each Receipt this Period
26.23

SUBTOTAL of Receipts This Page (optional) ► **89.72**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JOSEPH J RICHARDSON

Mailing Address 4968 Astor Court

City State Zip Code
Long Grove IL 60047

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

Name of Employer Allstate Insurance Company Occupation SVP-Protection Distributi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.89

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149109

Amount of Each Receipt this Period
81.28

B.

Full Name (Last, First, Middle Initial)
JOSEPH J RICHARDSON

Mailing Address 4968 Astor Court

City State Zip Code
Long Grove IL 60047

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

Name of Employer Allstate Insurance Company Occupation SVP-Protection Distributi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 712.17

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149541

Amount of Each Receipt this Period
81.28

C.

Full Name (Last, First, Middle Initial)
ROBIN R RICHMOND

Mailing Address 9 HAWTHORN GROVE CIRCLE

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.46

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149326

Amount of Each Receipt this Period
26.97

SUBTOTAL of Receipts This Page (optional) ► **189.53**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ROBIN R RICHMOND

Mailing Address 9 HAWTHORN GROVE CIRCLE

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 239.43

Date of Receipt: 04 / 24 / 2009
Transaction ID: A2009-3149755
Amount of Each Receipt this Period: 26.97

B. Full Name (Last, First, Middle Initial)
DANIEL J RIVERA

Mailing Address 1632 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 Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 687.68

Date of Receipt: 04 / 10 / 2009
Transaction ID: A2009-3149401
Amount of Each Receipt this Period: 85.96

C. Full Name (Last, First, Middle Initial)
DANIEL J RIVERA

Mailing Address 1632 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 Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 773.64

Date of Receipt: 04 / 24 / 2009
Transaction ID: A2009-3149827
Amount of Each Receipt this Period: 85.96

SUBTOTAL of Receipts This Page (optional) ► 198.89

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City State Zip Code
OAK LAWN IL 60453

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

Name of Employer Allstate Insurance Company Occupation AVP Finance and Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 361.74

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149256

Amount of Each Receipt this Period 46.33

B.

Full Name (Last, First, Middle Initial)
MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City State Zip Code
OAK LAWN IL 60453

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

Name of Employer Allstate Insurance Company Occupation AVP Finance and Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 408.07

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149687

Amount of Each Receipt this Period 46.33

C.

Full Name (Last, First, Middle Initial)
CLAY F ROBERTS

Mailing Address 3075 Sanders Road

City State Zip Code
Northbrook IL 60062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 284.48

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149456

Amount of Each Receipt this Period 35.56

SUBTOTAL of Receipts This Page (optional) ► 128.22

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
CLAY F ROBERTS

Mailing Address 3075 Sanders Road

City Northbrook State IL Zip Code 60062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.04

Date of Receipt: 04 / 24 / 2009
Transaction ID: A2009-3149880
 Amount of Each Receipt this Period: 35.56

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

Mailing Address 4374 W Anderson Rd

City South Euclid State OH Zip Code 44121

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

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.93

Date of Receipt: 04 / 24 / 2009
Transaction ID: A2009-3149535
 Amount of Each Receipt this Period: 23.72

C. Full Name (Last, First, Middle Initial)
TED ROBERTS

Mailing Address 62 Bart Drive

City Canton State CT Zip Code 06019

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 239.56

Date of Receipt: 04 / 10 / 2009
Transaction ID: A2009-3149421
 Amount of Each Receipt this Period: 30.32

SUBTOTAL of Receipts This Page (optional) ► 89.60

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

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

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

FOR LINE NUMBER: PAGE 114 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
TED ROBERTS
 Mailing Address 62 Bart Drive
 City State Zip Code
Canton CT 06019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.88
 Date of Receipt 04 / 24 / 2009
Transaction ID: A2009-3149847
 Amount of Each Receipt this Period 30.32

B. Full Name (Last, First, Middle Initial)
MICHAEL J ROCHE
 Mailing Address 270 KINGSWAY DRIVE
 City State Zip Code
AURORA IL 60506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-P-CCSO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 787.32
 Date of Receipt 04 / 10 / 2009
Transaction ID: A2009-3149269
 Amount of Each Receipt this Period 99.64

C. Full Name (Last, First, Middle Initial)
MICHAEL J ROCHE
 Mailing Address 270 KINGSWAY DRIVE
 City State Zip Code
AURORA IL 60506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation SVP-P-CCSO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 886.96
 Date of Receipt 04 / 24 / 2009
Transaction ID: A2009-3149700
 Amount of Each Receipt this Period 99.64

SUBTOTAL of Receipts This Page (optional) ► 229.60
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 115 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 106 ASHLAND

City State Zip Code
RIVER FOREST IL 60305

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 318.16

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149189

Amount of Each Receipt this Period
39.77

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

Mailing Address 106 ASHLAND

City State Zip Code
RIVER FOREST IL 60305

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 357.93

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149621

Amount of Each Receipt this Period
39.77

C. Full Name (Last, First, Middle Initial)
DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code
HINSDALE IL 60521

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Stra

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.59

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149264

Amount of Each Receipt this Period
33.53

SUBTOTAL of Receipts This Page (optional) ► **113.07**

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

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

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

FOR LINE NUMBER: PAGE 116 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code
HINSDALE IL 60521

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

Name of Employer Occupation
Allstate Insurance Company Vice President PCCSO Stra

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 296.12

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149695

Amount of Each Receipt this Period

33.53

B.

Full Name (Last, First, Middle Initial)
JOHN ROSZKOWSKI

Mailing Address 3371 VENARD RD.

City State Zip Code
DOWNERS GROVE IL 60515

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

Name of Employer Occupation
Allstate Insurance Company CC IT Systems Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 276.71

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149303

Amount of Each Receipt this Period

36.72

C.

Full Name (Last, First, Middle Initial)
JOHN ROSZKOWSKI

Mailing Address 3371 VENARD RD.

City State Zip Code
DOWNERS GROVE IL 60515

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

Name of Employer Occupation
Allstate Insurance Company CC IT Systems Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 313.92

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149734

Amount of Each Receipt this Period

37.21

SUBTOTAL of Receipts This Page (optional)

107.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City State Zip Code
LINCOLNSHIRE IL 60069

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

Name of Employer Allstate Insurance Company Occupation President Property & Casu

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1162.51

Date of Receipt: M M / D D / Y Y Y Y Y
04 / 10 / 2009

Transaction ID: A2009-3149322

Amount of Each Receipt this Period 147.12

B. Full Name (Last, First, Middle Initial)
GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City State Zip Code
LINCOLNSHIRE IL 60069

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

Name of Employer Allstate Insurance Company Occupation President Property & Casu

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1309.63

Date of Receipt: M M / D D / Y Y Y Y Y
04 / 24 / 2009

Transaction ID: A2009-3149751

Amount of Each Receipt this Period 147.12

C. Full Name (Last, First, Middle Initial)
PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 318.16

Date of Receipt: M M / D D / Y Y Y Y Y
04 / 10 / 2009

Transaction ID: A2009-3149187

Amount of Each Receipt this Period 39.77

SUBTOTAL of Receipts This Page (optional) ► 334.01

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

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

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

FOR LINE NUMBER: PAGE 118 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 357.93

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149619

Amount of Each Receipt this Period
39.77

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

Mailing Address 51 SOUTH ROYAL OAK

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation AVP Asset Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 203.45

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149168

Amount of Each Receipt this Period
29.35

C. Full Name (Last, First, Middle Initial)
MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation AVP Asset Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 232.80

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149600

Amount of Each Receipt this Period
29.35

SUBTOTAL of Receipts This Page (optional) ► 98.47

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
PATRICK J SCHNEIDER

Mailing Address 210 NORTH TRAIL

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.01

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149309

Amount of Each Receipt this Period
30.37

B.

Full Name (Last, First, Middle Initial)
PATRICK J SCHNEIDER

Mailing Address 210 NORTH TRAIL

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.38

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149738

Amount of Each Receipt this Period
30.37

C.

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

Mailing Address 7 COPPERFIELD DRIVE

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP HR Shared Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 427.08

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149100

Amount of Each Receipt this Period
54.21

SUBTOTAL of Receipts This Page (optional) ► **114.95**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 173
(check only one)

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

A.

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

Mailing Address 7 COPPERFIELD DRIVE

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP HR Shared Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 481.29

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149532

Amount of Each Receipt this Period
54.21

B.

Full Name (Last, First, Middle Initial)
DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City State Zip Code
BUFFALO GROVE IL 60089

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

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.09

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149664

Amount of Each Receipt this Period
24.86

C.

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

Mailing Address 128 Waverly Circle

City State Zip Code
Phoenixville PA 19460

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 379.46

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149373

Amount of Each Receipt this Period
48.02

SUBTOTAL of Receipts This Page (optional) ► 127.09

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 121 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 128 Waverly Circle

City Phoenixville State PA Zip Code 19460

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 427.48

Date of Receipt 04 / 24 / 2009

Transaction ID: A2009-3149800

Amount of Each Receipt this Period 48.02

B. Full Name (Last, First, Middle Initial)
STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City Chicago State IL Zip Code 60611

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

Name of Employer Allstate Insurance Company Occupation AVP Corporate Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.47

Date of Receipt 04 / 10 / 2009

Transaction ID: A2009-3149296

Amount of Each Receipt this Period 41.19

C. Full Name (Last, First, Middle Initial)
STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City Chicago State IL Zip Code 60611

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

Name of Employer Allstate Insurance Company Occupation AVP Corporate Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 366.66

Date of Receipt 04 / 24 / 2009

Transaction ID: A2009-3149727

Amount of Each Receipt this Period 41.19

SUBTOTAL of Receipts This Page (optional) ► 130.40

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City State Zip Code
WHEATON IL 60189

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

Name of Employer Allstate Insurance Company Occupation Vice President Property/C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 661.27

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149263

Amount of Each Receipt this Period
83.94

B.

Full Name (Last, First, Middle Initial)
STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City State Zip Code
WHEATON IL 60189

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

Name of Employer Allstate Insurance Company Occupation Vice President Property/C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 745.21

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149694

Amount of Each Receipt this Period
83.94

C.

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

Mailing Address 418 DEUCE DRIVE

City State Zip Code
WALL NJ 07719

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.08

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149091

Amount of Each Receipt this Period
30.31

SUBTOTAL of Receipts This Page (optional) ► 198.19

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 418 DEUCE DRIVE

City State Zip Code
WALL NJ 07719

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

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 268.39

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149523

Amount of Each Receipt this Period

30.31

B.

Full Name (Last, First, Middle Initial)
KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Occupation
Allstate Insurance Company CC IT Systems Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.64

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149427

Amount of Each Receipt this Period

38.28

C.

Full Name (Last, First, Middle Initial)
KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Occupation
Allstate Insurance Company CC IT Systems Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 338.92

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149852

Amount of Each Receipt this Period

38.28

SUBTOTAL of Receipts This Page (optional) ▶

106.87

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 124 / 173
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) ANNE E SIMPSON		Date of Receipt
	Mailing Address 632 ONWENTSIA AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 04 / 10 / 2009
	City	State	Zip Code
	HIGHLAND PARK	IL	60035
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3149193
Name of Employer Allstate Insurance Company		Occupation Tax Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 212.08	<input type="text"/> 26.51

B.	Full Name (Last, First, Middle Initial) ANNE E SIMPSON		Date of Receipt
	Mailing Address 632 ONWENTSIA AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 04 / 24 / 2009
	City	State	Zip Code
	HIGHLAND PARK	IL	60035
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3149625
Name of Employer Allstate Insurance Company		Occupation Tax Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 238.59	<input type="text"/> 26.51

C.	Full Name (Last, First, Middle Initial) KEVIN R SLAWIN		Date of Receipt
	Mailing Address 1316 CRESTWOOD DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 04 / 10 / 2009
	City	State	Zip Code
	NORTHBROOK	IL	60062
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3149307
Name of Employer Allstate Insurance Company		Occupation VP and President Broker D	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 324.99	<input type="text"/> 37.99

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 91.01
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 173
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
KIMBERLY J SLOANE

Mailing Address 378 N. VISTA AVE

City State Zip Code
LOMBARD IL 60148

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

Name of Employer Allstate Insurance Company Occupation Claim Reserve Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 318.16

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149285

Amount of Each Receipt this Period 39.77

B.

Full Name (Last, First, Middle Initial)
KIMBERLY J SLOANE

Mailing Address 378 N. VISTA AVE

City State Zip Code
LOMBARD IL 60148

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

Name of Employer Allstate Insurance Company Occupation Claim Reserve Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 357.93

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149716

Amount of Each Receipt this Period 39.77

C.

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

Mailing Address 414 E. Burr Oak Dr.

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 267.29

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149378

Amount of Each Receipt this Period 34.03

SUBTOTAL of Receipts This Page (optional) ► 113.57

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) CHARLES M SMITH	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 414 E. Burr Oak Dr.	Transaction ID: A2009-3149804
	City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 34.03
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Associate Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 301.32	

B.	Full Name (Last, First, Middle Initial) ELIAS SMITH	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 2751 SW BEAR PAW TRAIL	Transaction ID: A2009-3149528
	City State Zip Code PALM CITY FL 34990	Amount of Each Receipt this Period 23.14
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Market Sales Leader Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.26	

C.	Full Name (Last, First, Middle Initial) J E SMITH	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 310 WHITMORE LANE	Transaction ID: A2009-3149265
	City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 62.33
	FEC ID number of contributing federal political committee. C	
	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 ▼ 492.54	

SUBTOTAL of Receipts This Page (optional)	▶	119.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial) J E SMITH		Date of Receipt <table border="1" style="font-size: small; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	4		2	0	0	9													
Mailing Address 310 WHITMORE LANE		Transaction ID: A2009-3149696																				
City LAKE FOREST	State IL	Zip Code 60045																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%;"><tr><td style="text-align: right;">62.33</td></tr></table>	62.33																			
62.33																						
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 ▼ <table border="1" style="width: 100%;"><tr><td style="text-align: right;">554.87</td></tr></table>	554.87																				
554.87																						

B.

Full Name (Last, First, Middle Initial) RANDALL D SNITTJER		Date of Receipt <table border="1" style="font-size: small; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	0		2	0	0	9													
Mailing Address 11423 E. Blue Sky Drive		Transaction ID: A2009-3149416																				
City Scottsdale	State AZ	Zip Code 85262																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%;"><tr><td style="text-align: right;">30.79</td></tr></table>	30.79																			
30.79																						
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 ▼ <table border="1" style="width: 100%;"><tr><td style="text-align: right;">241.87</td></tr></table>	241.87																				
241.87																						

C.

Full Name (Last, First, Middle Initial) RANDALL D SNITTJER		Date of Receipt <table border="1" style="font-size: small; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	4		2	0	0	9													
Mailing Address 11423 E. Blue Sky Drive		Transaction ID: A2009-3149842																				
City Scottsdale	State AZ	Zip Code 85262																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%;"><tr><td style="text-align: right;">30.79</td></tr></table>	30.79																			
30.79																						
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 ▼ <table border="1" style="width: 100%;"><tr><td style="text-align: right;">272.66</td></tr></table>	272.66																				
272.66																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: right;">123.91</td></tr></table>	123.91
123.91		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: right;"> </td></tr></table>	

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

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

FOR LINE NUMBER: PAGE 128 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 20712 High Ridge Dr

City State Zip Code
KILDEER IL 60047

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

Name of Employer Allstate Insurance Company Occupation Senior Vice President Pro

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 630.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	9

Transaction ID: A2009-3149363

Amount of Each Receipt this Period
79.73

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

Mailing Address 20712 High Ridge Dr

City State Zip Code
KILDEER IL 60047

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

Name of Employer Allstate Insurance Company Occupation Senior Vice President Pro

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 709.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Transaction ID: A2009-3149791

Amount of Each Receipt this Period
79.73

C. Full Name (Last, First, Middle Initial)
KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City State Zip Code
GLENVIEW IL 60026

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

Name of Employer Allstate Insurance Company Occupation Vice President Accounting

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	9

Transaction ID: A2009-3149330

Amount of Each Receipt this Period
33.52

SUBTOTAL of Receipts This Page (optional) ► **192.98**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City State Zip Code
GLENVIEW IL 60026

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

Name of Employer Allstate Insurance Company Occupation Vice President Accounting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 293.68

Date of Receipt: 04 / 24 / 2009
Transaction ID: A2009-3149759
Amount of Each Receipt this Period: 33.52

B. Full Name (Last, First, Middle Initial)
EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 293.89

Date of Receipt: 04 / 10 / 2009
Transaction ID: A2009-3149115
Amount of Each Receipt this Period: 37.53

C. Full Name (Last, First, Middle Initial)
EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 331.42

Date of Receipt: 04 / 24 / 2009
Transaction ID: A2009-3149547
Amount of Each Receipt this Period: 37.53

SUBTOTAL of Receipts This Page (optional) ► 108.58

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

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

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

FOR LINE NUMBER: PAGE 130 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JAMES G SPORLEDER
Mailing Address 20 LAKESIDE LANE
City N. BARRINGTON State IL Zip Code 60010
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 221.00
Date of Receipt 04 / 10 / 2009
Transaction ID: A2009-3149321
Amount of Each Receipt this Period 27.80

B. Full Name (Last, First, Middle Initial)
JAMES G SPORLEDER
Mailing Address 20 LAKESIDE LANE
City N. BARRINGTON State IL Zip Code 60010
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel &
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 248.80
Date of Receipt 04 / 24 / 2009
Transaction ID: A2009-3149750
Amount of Each Receipt this Period 27.80

C. Full Name (Last, First, Middle Initial)
MARY SPRINGBERG
Mailing Address 4745 KINGS WAY - NORTH
City GURNEE State IL Zip Code 60031
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 364.26
Date of Receipt 04 / 10 / 2009
Transaction ID: A2009-3149171
Amount of Each Receipt this Period 47.47

SUBTOTAL of Receipts This Page (optional) ► 103.07
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 131 / 173
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code
GURNEE IL 60031

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

Name of Employer
Allstate Insurance Company

Occupation
AVP Technology Shared Ser

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
411.73

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149603

Amount of Each Receipt this Period
47.47

B.

Full Name (Last, First, Middle Initial)
EMORY D STEPHENS JR, jr

Mailing Address 4711 N WOLCOTT AVE

City State Zip Code
CHICAGO IL 60640

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

Name of Employer
Allstate Insurance Company

Occupation
AVP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.92

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149139

Amount of Each Receipt this Period
40.49

C.

Full Name (Last, First, Middle Initial)
EMORY D STEPHENS JR, jr

Mailing Address 4711 N WOLCOTT AVE

City State Zip Code
CHICAGO IL 60640

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

Name of Employer
Allstate Insurance Company

Occupation
AVP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
361.41

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149571

Amount of Each Receipt this Period
40.49

SUBTOTAL of Receipts This Page (optional) ► **128.45**

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

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

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

FOR LINE NUMBER: PAGE 132 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
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 ▼ 313.38

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149149

Amount of Each Receipt this Period 39.46

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

Mailing Address 2015 SELVA MADERA COURT

City ATLANTIC BEACH State FL Zip Code 32233

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 352.84

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149581

Amount of Each Receipt this Period 39.46

C. Full Name (Last, First, Middle Initial)
MYRON E STOUFFER

Mailing Address 1528 JESSICA LANE

City LIBERTYVILLE State IL Zip Code 60048

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.59

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149146

Amount of Each Receipt this Period 25.59

SUBTOTAL of Receipts This Page (optional) ► **104.51**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 133 / 173
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
MYRON E STOUFFER

Mailing Address 1528 JESSICA LANE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 227.18

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149578

Amount of Each Receipt this Period
25.59

B.

Full Name (Last, First, Middle Initial)
CHRISTINE A SULLIVAN

Mailing Address 257 BIG TERRA LANE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.08

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: A2009-3149046

Amount of Each Receipt this Period
26.46

C.

Full Name (Last, First, Middle Initial)
CHRISTINE A SULLIVAN

Mailing Address 257 BIG TERRA LANE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.54

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149479

Amount of Each Receipt this Period
26.46

SUBTOTAL of Receipts This Page (optional) ► **78.51**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 134 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 242 HIGHVIEW

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation Vice President Auditing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 449.33

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149198

Amount of Each Receipt this Period
56.86

B.

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

Mailing Address 242 HIGHVIEW

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation Vice President Auditing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 506.19

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149630

Amount of Each Receipt this Period
56.86

C.

Full Name (Last, First, Middle Initial)
KIMBERLY A SYME

Mailing Address 1609 SURRIDGE CT

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 206.72

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149216

Amount of Each Receipt this Period
25.84

SUBTOTAL of Receipts This Page (optional) ► **139.56**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 135 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
KIMBERLY A SYME

Mailing Address 1609 SURRIDGE CT

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 232.56

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149648

Amount of Each Receipt this Period
25.84

B.

Full Name (Last, First, Middle Initial)
JERROLD S SZOSTAK

Mailing Address 1064 W GLENN TRAIL

City State Zip Code
ELK GROVE IL 60007

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

Name of Employer Allstate Insurance Company Occupation Claim Reserve Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 309.12

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: A2009-3149238

Amount of Each Receipt this Period
38.64

C.

Full Name (Last, First, Middle Initial)
JERROLD S SZOSTAK

Mailing Address 1064 W GLENN TRAIL

City State Zip Code
ELK GROVE IL 60007

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

Name of Employer Allstate Insurance Company Occupation Claim Reserve Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 347.76

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149669

Amount of Each Receipt this Period
38.64

SUBTOTAL of Receipts This Page (optional) ► **103.12**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 136 / 173
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
BENJAMIN A TARVER

Mailing Address 2495 EMERALD LANE

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation AVP Corporate Security

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 207.69

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149521

Amount of Each Receipt this Period
23.46

B.

Full Name (Last, First, Middle Initial)
JANICE M TAYLOR

Mailing Address 7335 ATHLONE

City State Zip Code
HOUSTON TX 77088

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

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 211.21

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149828

Amount of Each Receipt this Period
23.79

C.

Full Name (Last, First, Middle Initial)
GERALYN A THOMPSON

Mailing Address 6906 S. BENNETT

City State Zip Code
CHICAGO IL 60649

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

Name of Employer Allstate Insurance Company Occupation Communication Senior Mana

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 244.04

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149241

Amount of Each Receipt this Period
33.38

SUBTOTAL of Receipts This Page (optional) ► **80.63**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 173
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
GERALYN A THOMPSON

Mailing Address 6906 S. BENNETT

City State Zip Code
CHICAGO IL 60649

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Communication Senior Mana

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.58

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149672

Amount of Each Receipt this Period

31.54

B.

Full Name (Last, First, Middle Initial)
MARK L THOMPSON

Mailing Address 3233 N RACINE #2

City State Zip Code
CHICAGO IL 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company AVP-Product Non-Standard

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 214.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149411

Amount of Each Receipt this Period

26.92

C.

Full Name (Last, First, Middle Initial)
MARK L THOMPSON

Mailing Address 3233 N RACINE #2

City State Zip Code
CHICAGO IL 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company AVP-Product Non-Standard

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.93

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149837

Amount of Each Receipt this Period

26.92

SUBTOTAL of Receipts This Page (optional)

85.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 173
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) WILLIAM J THOMPSON		Date of Receipt
	Mailing Address 1104 Spruce Run Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 04 / 10 / 2009
	City	State	Zip Code
	Roanoke	TX	76262
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3149136
Name of Employer Allstate Insurance Company		Occupation Assistant Field Vice Pres	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 314.76	<input type="text"/> 40.07

B.	Full Name (Last, First, Middle Initial) WILLIAM J THOMPSON		Date of Receipt
	Mailing Address 1104 Spruce Run Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 04 / 24 / 2009
	City	State	Zip Code
	Roanoke	TX	76262
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3149568
Name of Employer Allstate Insurance Company		Occupation Assistant Field Vice Pres	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 354.83	<input type="text"/> 40.07

C.	Full Name (Last, First, Middle Initial) LOREE E TOEDMAN		Date of Receipt
	Mailing Address 21949 HICKORY HILL DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 04 / 10 / 2009
	City	State	Zip Code
	KILDEER	IL	60047
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3149433
Name of Employer Allstate Insurance Company		Occupation AVP Encompass Field Distr	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 325.99	<input type="text"/> 39.12

SUBTOTAL of Receipts This Page (optional) 119.26

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LOREE E TOEDMAN
 Mailing Address 21949 HICKORY HILL DR.
 City State Zip Code
 KILDEER IL 60047
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 4 / 2 0 0 9
Transaction ID: A2009-3149857
 Amount of Each Receipt this Period
 40.75
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AVP Encompass Field Distr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.74

B. Full Name (Last, First, Middle Initial)
ROBERT E TRANSON
 Mailing Address 2644 N DOUGLAS
 City State Zip Code
 ARLINGTON HTS IL 60004
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 9
Transaction ID: A2009-3149253
 Amount of Each Receipt this Period
 29.67
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AVP Strategic Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.66

C. Full Name (Last, First, Middle Initial)
ROBERT E TRANSON
 Mailing Address 2644 N DOUGLAS
 City State Zip Code
 ARLINGTON HTS IL 60004
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 4 / 2 0 0 9
Transaction ID: A2009-3149684
 Amount of Each Receipt this Period
 29.67
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AVP Strategic Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 261.33

SUBTOTAL of Receipts This Page (optional) ► 100.09
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 173
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Agency Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.10

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149390

Amount of Each Receipt this Period
48.25

B.

Full Name (Last, First, Middle Initial)
MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Agency Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 428.35

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149816

Amount of Each Receipt this Period
48.25

C.

Full Name (Last, First, Middle Initial)
WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City State Zip Code
INVERNESS IL 60067

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President & Assistan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 439.72

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149260

Amount of Each Receipt this Period
56.59

SUBTOTAL of Receipts This Page (optional) ► **153.09**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 173
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) WILLIAM A VAINISI	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 636 BALMORAL LANE	Transaction ID: A2009-3149691
	City State Zip Code INVERNESS IL 60067	Amount of Each Receipt this Period 56.59
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President & Assistan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 496.31	

B.	Full Name (Last, First, Middle Initial) WILLIAM P VANDERBORG	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 561 W CROOKED STICK CT	Transaction ID: A2009-3149197
	City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 32.70
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Claims Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 261.60	

C.	Full Name (Last, First, Middle Initial) WILLIAM P VANDERBORG	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 561 W CROOKED STICK CT	Transaction ID: A2009-3149629
	City State Zip Code VERNON HILLS IL 60061	Amount of Each Receipt this Period 32.70
	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 ▼ 294.30	

SUBTOTAL of Receipts This Page (optional)	▶	121.99
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 173
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
PATRICIA C VANLAMMEREN

Mailing Address 2800 Birchwood Avenue

City Wilmette State IL Zip Code 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1465.28

Date of Receipt: 04 / 10 / 2009
Transaction ID: A2009-3149426
 Amount of Each Receipt this Period: 57.72

B.

Full Name (Last, First, Middle Initial)
PATRICIA C VANLAMMEREN

Mailing Address 2800 Birchwood Avenue

City Wilmette State IL Zip Code 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1523.00

Date of Receipt: 04 / 24 / 2009
Transaction ID: A2009-3149851
 Amount of Each Receipt this Period: 57.72

C.

Full Name (Last, First, Middle Initial)
RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City BERWYN State IL Zip Code 60402

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 317.36

Date of Receipt: 04 / 10 / 2009
Transaction ID: A2009-3149188
 Amount of Each Receipt this Period: 39.77

SUBTOTAL of Receipts This Page (optional) ► 155.21

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 173
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City State Zip Code
BERWYN IL 60402

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 357.13

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149620

Amount of Each Receipt this Period
39.77

B.

Full Name (Last, First, Middle Initial)
STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President & Treasure

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 568.31

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149085

Amount of Each Receipt this Period
72.57

C.

Full Name (Last, First, Middle Initial)
STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President & Treasure

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.88

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149517

Amount of Each Receipt this Period
72.57

SUBTOTAL of Receipts This Page (optional) ► **184.91**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 173
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation SVP-Corporate Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 402.23

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: A2009-3149465

Amount of Each Receipt this Period
51.06

B.

Full Name (Last, First, Middle Initial)
JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation SVP-Corporate Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 453.29

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149889

Amount of Each Receipt this Period
51.06

C.

Full Name (Last, First, Middle Initial)
MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City State Zip Code
CLOVIS CA 93611

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 227.44

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: A2009-3149164

Amount of Each Receipt this Period
28.43

SUBTOTAL of Receipts This Page (optional) ► **130.55**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 173
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
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 Occupation
Allstate Insurance Company Market Claim Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.87

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149596

Amount of Each Receipt this Period

28.43

B.

Full Name (Last, First, Middle Initial)
ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City State Zip Code
PONTE VEDRA FL 32082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company General Vice President Em

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 507.68

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149148

Amount of Each Receipt this Period

63.46

C.

Full Name (Last, First, Middle Initial)
ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City State Zip Code
PONTE VEDRA FL 32082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company General Vice President Em

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 571.14

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149580

Amount of Each Receipt this Period

63.46

SUBTOTAL of Receipts This Page (optional)

155.35

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
THOMAS M WARDEN
 Mailing Address 770 Bair Island Road #200
 City State Zip Code
 Redwood City CA 94063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AVP Research Center
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 272.18
 Date of Receipt 04 / 10 / 2009
Transaction ID: A2009-3149160
 Amount of Each Receipt this Period 34.86

B. Full Name (Last, First, Middle Initial)
THOMAS M WARDEN
 Mailing Address 770 Bair Island Road #200
 City State Zip Code
 Redwood City CA 94063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation AVP Research Center
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.04
 Date of Receipt 04 / 24 / 2009
Transaction ID: A2009-3149592
 Amount of Each Receipt this Period 34.86

C. Full Name (Last, First, Middle Initial)
EDWIN L WASINGER JR, jr
 Mailing Address 6245 MURIFIELD DRIVE
 City State Zip Code
 GURNEE IL 60031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Product Operations Direct
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.11
 Date of Receipt 04 / 10 / 2009
Transaction ID: A2009-3149334
 Amount of Each Receipt this Period 37.57

SUBTOTAL of Receipts This Page (optional) ► 107.29
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 173
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
EDWIN L WASINGER JR, jr

Mailing Address 6245 MURIFIELD DRIVE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Product Operations Direct

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 332.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149763

Amount of Each Receipt this Period
37.57

B.

Full Name (Last, First, Middle Initial)
JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Bank Cash Management Dire

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.03

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149414

Amount of Each Receipt this Period
33.01

C.

Full Name (Last, First, Middle Initial)
JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Bank Cash Management Dire

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 293.04

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149840

Amount of Each Receipt this Period
33.01

SUBTOTAL of Receipts This Page (optional) ► **103.59**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 / 173
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) ROBERT J WHITE	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 909 STILLWATER COURT	Transaction ID: A2009-3149102
	City State Zip Code WESTON FL 33327	Amount of Each Receipt this Period 34.87
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 278.96	

B.	Full Name (Last, First, Middle Initial) ROBERT J WHITE	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 909 STILLWATER COURT	Transaction ID: A2009-3149534
	City State Zip Code WESTON FL 33327	Amount of Each Receipt this Period 34.87
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 313.83	

C.	Full Name (Last, First, Middle Initial) SAMUEL W WHITEMAN	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 47 Park View Ln	Transaction ID: A2009-3149403
	City State Zip Code Hawthorn Woods IL 60047	Amount of Each Receipt this Period 34.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Claims Field Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 271.75	

SUBTOTAL of Receipts This Page (optional)	104.24
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 173
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
SAMUEL W WHITEMAN

Mailing Address 47 Park View Ln

City State Zip Code
Hawthorn Woods IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 306.25

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149829

Amount of Each Receipt this Period
34.50

B.

Full Name (Last, First, Middle Initial)
CYNTHIA R WHITLEY

Mailing Address 6722 NEW HAMPSHIRE TRAIL

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 314.81

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149138

Amount of Each Receipt this Period
39.77

C.

Full Name (Last, First, Middle Initial)
CYNTHIA R WHITLEY

Mailing Address 6722 NEW HAMPSHIRE TRAIL

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 354.58

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149570

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► **114.04**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JOHN K WILCOX
Mailing Address 1120 JESSICA LANE
City LIBERTYVILLE State IL Zip Code 60048
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Finance Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 266.62
Date of Receipt 04 / 10 / 2009
Transaction ID: A2009-3149212
Amount of Each Receipt this Period 33.94

B. Full Name (Last, First, Middle Initial)
JOHN K WILCOX
Mailing Address 1120 JESSICA LANE
City LIBERTYVILLE State IL Zip Code 60048
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Finance Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.56
Date of Receipt 04 / 24 / 2009
Transaction ID: A2009-3149644
Amount of Each Receipt this Period 33.94

C. Full Name (Last, First, Middle Initial)
ANISE D WILEY-LITTLE
Mailing Address 21030 W YORKSHIRE DR
City KILDEER State IL Zip Code 60047
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Chief Diversity Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 382.64
Date of Receipt 04 / 10 / 2009
Transaction ID: A2009-3149434
Amount of Each Receipt this Period 48.13

SUBTOTAL of Receipts This Page (optional) ► 116.01
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 173
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
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 Chief Diversity Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.77

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149858

Amount of Each Receipt this Period
48.13

B.

Full Name (Last, First, Middle Initial)
JAMES L WILLCOX

Mailing Address 1562 Sienna Oak Court

City State Zip Code
Sandy UT 84092

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: A2009-3149573

Amount of Each Receipt this Period
22.75

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 ▼ 319.44

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: A2009-3149242

Amount of Each Receipt this Period
39.93

SUBTOTAL of Receipts This Page (optional) ► **110.81**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 173
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JEFFREY 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 ▼ 359.37

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149673

Amount of Each Receipt this Period
39.93

B.

Full Name (Last, First, Middle Initial)
THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City State Zip Code
CHICAGO IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1956.96

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149358

Amount of Each Receipt this Period
244.62

C.

Full Name (Last, First, Middle Initial)
THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City State Zip Code
CHICAGO IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2201.58

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149787

Amount of Each Receipt this Period
244.62

SUBTOTAL of Receipts This Page (optional) ► **529.17**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ANGELA K WOIROL

Mailing Address 28616 Sky Crest Dr

City State Zip Code
Ivanhoe IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.72

Date of Receipt / /
Transaction ID: A2009-3149404
 Amount of Each Receipt this Period 31.54

B. Full Name (Last, First, Middle Initial)
ANGELA K WOIROL

Mailing Address 28616 Sky Crest Dr

City State Zip Code
Ivanhoe IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 279.26

Date of Receipt / /
Transaction ID: A2009-3149830
 Amount of Each Receipt this Period 31.54

C. Full Name (Last, First, Middle Initial)
MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 261.79

Date of Receipt / /
Transaction ID: A2009-3149087
 Amount of Each Receipt this Period 33.43

SUBTOTAL of Receipts This Page (optional) ►

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 173
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Operations Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 295.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

Transaction ID: A2009-3149519

Amount of Each Receipt this Period

33.43

B.

Full Name (Last, First, Middle Initial)
RHONDA WOODARD

Mailing Address 2341 MARCY AVENUE

City State Zip Code
EVANSTON IL 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company VP Product Delivery

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 288.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	9

Transaction ID: A2009-3149424

Amount of Each Receipt this Period

36.30

C.

Full Name (Last, First, Middle Initial)
RHONDA WOODARD

Mailing Address 2341 MARCY AVENUE

City State Zip Code
EVANSTON IL 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company VP Product Delivery

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 324.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

Transaction ID: A2009-3149849

Amount of Each Receipt this Period

36.30

SUBTOTAL of Receipts This Page (optional)

106.03

TOTAL This Period (last page this line number only)

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DONALD F WYATT JR, jr
Mailing Address 811 DRESSER DR.
City MT PROSPECT State IL Zip Code 60056
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation CC IT Systems Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 289.67
Date of Receipt 04 / 10 / 2009
Transaction ID: A2009-3149217
Amount of Each Receipt this Period 36.44

B. Full Name (Last, First, Middle Initial)
DONALD F WYATT JR, jr
Mailing Address 811 DRESSER DR.
City MT PROSPECT State IL Zip Code 60056
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation CC IT Systems Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 326.11
Date of Receipt 04 / 24 / 2009
Transaction ID: A2009-3149649
Amount of Each Receipt this Period 36.44

C. Full Name (Last, First, Middle Initial)
FLOYD M YAGER
Mailing Address 1610 BIRCH LANE
City PARK RIDGE State IL Zip Code 60068
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation VP Knowledge Development
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 418.62
Date of Receipt 04 / 10 / 2009
Transaction ID: A2009-3149284
Amount of Each Receipt this Period 52.90

SUBTOTAL of Receipts This Page (optional) ► 125.78
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP Knowledge Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 471.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Transaction ID: A2009-3149715

Amount of Each Receipt this Period
52.90

B. Full Name (Last, First, Middle Initial)
LORI J YELVINGTON

Mailing Address 1531 N HIGHLAND AVE

City State Zip Code
ARLINGTON HGTS. IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Procuremen

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 424.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	9

Transaction ID: A2009-3149292

Amount of Each Receipt this Period
54.04

C. Full Name (Last, First, Middle Initial)
LORI J YELVINGTON

Mailing Address 1531 N HIGHLAND AVE

City State Zip Code
ARLINGTON HGTS. IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Procuremen

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 478.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Transaction ID: A2009-3149723

Amount of Each Receipt this Period
54.04

SUBTOTAL of Receipts This Page (optional) ► **160.98**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 173
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
RICHARD P YOCIUS

Mailing Address 40135 N GOLDENROD

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Product Pricing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.52

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149218

Amount of Each Receipt this Period
42.59

B.

Full Name (Last, First, Middle Initial)
RICHARD P YOCIUS

Mailing Address 40135 N GOLDENROD

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Product Pricing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 379.11

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149650

Amount of Each Receipt this Period
42.59

C.

Full Name (Last, First, Middle Initial)
CYNTHIA H YOUNG

Mailing Address 1861 N. Sawgrass Street

City State Zip Code
Vernon Hills IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP-Ivantage/Independent A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 862.26

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149464

Amount of Each Receipt this Period
109.12

SUBTOTAL of Receipts This Page (optional) ► **194.30**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
CYNTHIA H YOUNG

Mailing Address 1861 N. Sawgrass Street

City State Zip Code
Vernon Hills IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP-Ivantage/Independent A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 971.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Transaction ID: A2009-3149888

Amount of Each Receipt this Period
109.12

B. Full Name (Last, First, Middle Initial)
MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City State Zip Code
ARLINGTON HEIGHTS IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	9

Transaction ID: A2009-3149282

Amount of Each Receipt this Period
35.30

C. Full Name (Last, First, Middle Initial)
MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City State Zip Code
ARLINGTON HEIGHTS IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 311.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Transaction ID: A2009-3149713

Amount of Each Receipt this Period
35.30

SUBTOTAL of Receipts This Page (optional) ► **179.72**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 173
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Allstate Life Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.32

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149377

Amount of Each Receipt this Period
67.29

B. Full Name (Last, First, Middle Initial)
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Allstate Life Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 605.61

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149803

Amount of Each Receipt this Period
67.29

C. Full Name (Last, First, Middle Initial)
GERALD L ZIMMERMAN JR, jr

Mailing Address 2584 Sutton Lane

City State Zip Code
AURORA IL 60502

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 303.71

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149367

Amount of Each Receipt this Period
38.32

SUBTOTAL of Receipts This Page (optional) ► **172.90**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 173
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
GERALD L ZIMMERMAN JR, jr

Mailing Address 2584 Sutton Lane

City State Zip Code
AURORA IL 60502

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.03

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149795

Amount of Each Receipt this Period
38.32

B.

Full Name (Last, First, Middle Initial)
CARLA D ZUNIGA

Mailing Address 2189 N. BEAVER CREEK DRIVE

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.67

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149855

Amount of Each Receipt this Period
22.78

C.

Full Name (Last, First, Middle Initial)
J K ZUZICH

Mailing Address 1125 ACORN TRAIL

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP HR People Planning &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 287.93

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: A2009-3149420

Amount of Each Receipt this Period
36.26

SUBTOTAL of Receipts This Page (optional) ► **97.36**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 173
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
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 ▼
324.19

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2009-3149846

Amount of Each Receipt this Period
36.26

SUBTOTAL of Receipts This Page (optional)	▶	36.26
TOTAL This Period (last page this line number only)	▶	20632.77

**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 162 / 173

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
Fifth Third Bank

Mailing Address 346 West Carol Lane

City Elmhurst State IL Zip Code 60062

Purpose of Disbursement
April 2009 bank charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: IL District:

Not Applicable

Transaction ID: B266702

Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

101.86

SUBTOTAL of Disbursements This Page (optional) ▶

101.86

TOTAL This Period (last page this line number only) ▶

101.86

**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 163 / 173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Royce Campaign Committee	Transaction ID: B266018 Date of Disbursement 04 / 29 / 2009
	Mailing Address 217 3rd Street SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contribution Candidate Name Ed Royce	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Chris Dodd	Transaction ID: B253898 Date of Disbursement 04 / 16 / 2009
	Mailing Address 122 Maryland Avenue NE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contribution Candidate Name Christopher J Dodd	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kosmas for Congress	Transaction ID: B265818 Date of Disbursement 04 / 23 / 2009
	Mailing Address 209 Pennsylvania Ave. SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contribution Candidate Name Suzanne Kosmas	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) Quigley for Congress <hr/> Mailing Address 2035 W. Irving Park <hr/> City Chicago State IL Zip Code 60618 <hr/> Purpose of Disbursement Contribution Candidate Name Mike Quigley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 05	Transaction ID: B253599 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
B. Full Name (Last, First, Middle Initial) Manzullo for Congress <hr/> Mailing Address PO Box 368 <hr/> City Falls Church State VA Zip Code 22040 <hr/> Purpose of Disbursement Contribution Candidate Name Donald Manzullo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 16	Transaction ID: B265820 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
C. Full Name (Last, First, Middle Initial) Evan Bayh Committee <hr/> Mailing Address 1070 Thomas Jefferson St. NW #202 <hr/> City Washington State DC Zip Code 20007 <hr/> Purpose of Disbursement Contribution Candidate Name B. Evan Bayh 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: IN District:	Transaction ID: B253742 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 165 / 173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Ben Nelson for US Senate Cmte. Mailing Address 420 C Street NE City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Ben Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B265823 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Zack Space for Congress Mailing Address PO Box 75214 City Washington State DC Zip Code 20013 Purpose of Disbursement Contribution Candidate Name Zachary T Space Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B253896 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Friends of John Thune Mailing Address 912 F Street NW Suite 1106 City Washington State DC Zip Code 20004 Purpose of Disbursement Contribution Candidate Name John Thune Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B265819 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 166 / 173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Financial Services Roundtable PAC	Transaction ID: B253441 Date of Disbursement																			
	Mailing Address 1001 Pennsylvania Ave NW Ste 500 S	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	9												
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution Candidate Name	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																			
		<table border="1"><tr><td>011</td></tr><tr><td>Category/ Type</td></tr></table>	011	Category/ Type																	
011																					
Category/ Type																					

B.	Full Name (Last, First, Middle Initial) Tuesday Group Political Action Committee	Transaction ID: B253442 Date of Disbursement																			
	Mailing Address PO Box 11586	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	9												
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution Candidate Name	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																			
		<table border="1"><tr><td>011</td></tr><tr><td>Category/ Type</td></tr></table>	011	Category/ Type																	
011																					
Category/ Type																					

C.	Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC)	Transaction ID: B253443 Date of Disbursement																			
	Mailing Address 209 Pennsylvania Ave. SE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	9												
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution Candidate Name	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable																			
		<table border="1"><tr><td>011</td></tr><tr><td>Category/ Type</td></tr></table>	011	Category/ Type																	
011																					
Category/ Type																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>6000.00</td></tr></table>	6000.00
6000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00
1500.00		

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Blakeslee for Senate 2012 ID#1313588 <hr/> Mailing Address 1017 L Street Box #279 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement P-2012 State Senate 15 CA <hr/> Candidate Name Sam Blakeslee <hr/> Office Sought: <input type="checkbox"/> House <input 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: District:	Transaction ID: B253690 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Garrick for Assembly ID# 1314580 <hr/> Mailing Address P.O. Box 471 <hr/> City Sacramento State CA Zip Code 95812 <hr/> Purpose of Disbursement P-2010 State House 74 CA <hr/> Candidate Name Martin W Garrick <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B253689 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Niello for Senate 2012 ID# 1313890 <hr/> Mailing Address 8740 Curragh Downs Drive <hr/> City Fair Oaks State CA Zip Code 95628 <hr/> Purpose of Disbursement P-2012 State Senate 01 CA <hr/> Candidate Name Roger Niello <hr/> Office Sought: <input type="checkbox"/> House <input 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: District:	Transaction ID: B253691 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) Taxpayers for Rod Wright 2012 #1313749</p> <p>Mailing Address 1201 K Street Suite 1850</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement P-2012 State Senate 25 CA</p> <p>Candidate Name Roderick Wright</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B253743 Date of Disbursement 04 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Mimi Walters for Senate 2012 ID#1314311</p> <p>Mailing Address P.O. Box 471</p> <p>City Sacramento State CA Zip Code 95812</p> <p>Purpose of Disbursement P-2012 State Senate 33 CA</p> <p>Candidate Name Marian Walters</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B265825 Date of Disbursement 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Yee for Senate ID#1294887</p> <p>Mailing Address 1005 12th Street Suite H</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement G-2010 State Senate 08 CA</p> <p>Candidate Name Leland Yee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B266041 Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) Citizens for Andrew Stein</p> <p>Mailing Address PO Box 7394</p> <p>City Buffalo Grove State IL Zip Code 60089</p> <p>Purpose of Disbursement G-2009 Township Trustee Buffalo Grove IL</p> <p>Candidate Name Andrew Stein</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B253601</p> <p>Date of Disbursement MM / DD / YYYY 04 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Category/Type 011</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Monique Davis</p> <p>Mailing Address PO Box 288963</p> <p>City Chicago State IL Zip Code 60628</p> <p>Purpose of Disbursement P-2010 State House 27 IL</p> <p>Candidate Name Monique Davis</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B265834</p> <p>Date of Disbursement MM / DD / YYYY 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p>
<p>C. Full Name (Last, First, Middle Initial) Sen. Troy Hebert Campaign Fund</p> <p>Mailing Address 800 S. Lewis St. Suite 203</p> <p>City New Iberia State LA Zip Code 70560</p> <p>Purpose of Disbursement P-2011 State Senate 22 LA</p> <p>Candidate Name Troy Hebert</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B253750</p> <p>Date of Disbursement MM / DD / YYYY 04 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Category/Type 011</p>

SUBTOTAL of Disbursements This Page (optional) ► 2750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Rep. Charles Kleckley Campaign Fund

Mailing Address 130 Jamestown Road

City State Zip Code
Lake Charles LA 70605

Purpose of Disbursement
P-2011 State House 36 LA

Candidate Name
Charles (Chuck) Kleckley

Category/
Type

Office Sought: House Senate President
Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B253749
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Robert Adley Campaign Fund

Mailing Address 611 Jesse Jones Drive

City State Zip Code
Benton LA 71006

Purpose of Disbursement
P-2011 State Senate 36 LA

Candidate Name
Robert Adley

Category/
Type

Office Sought: House Senate President
Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B254008
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Rep. Patrick Cortez Campaign Fund

Mailing Address 111 Southwark Drive

City State Zip Code
Lafayette LA 70508

Purpose of Disbursement
P-2011 State House 43 LA

Candidate Name
Patrick Cortez

Category/
Type

Office Sought: House Senate President
Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B253997
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Jack Donahue Campaign Fund Mailing Address P.O. Box 896 City Mandeville State LA Zip Code 70470 Purpose of Disbursement P-2011 State Senate 11 LA Candidate Name Jack Donahue Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B254010 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9 Amount of Each Disbursement this Period 500.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Senator Robert Kostelka Campaign Fund Mailing Address PO Box 2122 City Monroe State LA Zip Code 71207 Purpose of Disbursement P-2011 State Senate 35 LA Candidate Name Robert Kostelka Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B254011 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9 Amount of Each Disbursement this Period 500.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Sen. Gerald Long Campaign Fund Mailing Address PO Box 151 City Winnfield State LA Zip Code 71483 Purpose of Disbursement P-2011 State Senate 31 LA Candidate Name Gerald Long Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B254012 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9 Amount of Each Disbursement this Period 500.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sen. Dan Morrish Campaign Fund</p> <p>Mailing Address 119 West Nezpique</p> <p>City Jennings State LA Zip Code 70546</p> <p>Purpose of Disbursement P-2011 State Senate 25 LA</p> <p>Candidate Name Blade Morrish</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B254013</p> <p>Date of Disbursement 04 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sen. Julie Quinn Campaign Fund</p> <p>Mailing Address 3300 N. Causeway Blvd. #438</p> <p>City Metairie State LA Zip Code 70002</p> <p>Purpose of Disbursement P-2011 State Senate 06 LA</p> <p>Candidate Name Julie Quinn</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B254014</p> <p>Date of Disbursement 04 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sen. Neil Riser Campaign Fund</p> <p>Mailing Address 216 Main Street</p> <p>City Columbia State LA Zip Code 71418</p> <p>Purpose of Disbursement P-2011 State Senate 32 LA</p> <p>Candidate Name Neil Riser</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B254015</p> <p>Date of Disbursement 04 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Sen. Michael Walsworth Campaign Fund

Mailing Address 1505 North 7th St.

City State Zip Code
West Monroe LA 71291

Purpose of Disbursement
P-2011 State Senate 33 LA

Candidate Name
Michael A Walsworth

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B254018

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. Full Name (Last, First, Middle Initial)
Friends of Don White

Mailing Address 638 School Road

City State Zip Code
Indiana PA 15701

Purpose of Disbursement
G-2012 State Senate 41 PA

Candidate Name
Donald C White

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B253600

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►