



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Allstate Insurance Company PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		18587.52
(b) Cash on Hand at Beginning of Reporting Period.....	25998.57	
(c) Total Receipts (from Line 19) .....	20428.73	62660.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	46427.30	81247.99
7. Total Disbursements (from Line 31).....	17335.23	52155.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	29092.07	29092.07
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Allstate Insurance Company PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12176.31	21337.64
(ii) Unitemized .....	8252.42	41322.83
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20428.73	62660.47
(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) .....	20428.73	62660.47
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	20428.73	62660.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20428.73	62660.47

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	85.23	405.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	85.23	405.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15250.00	49750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	2000.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17335.23	52155.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17335.23	52155.92

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	20428.73	62660.47
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20428.73	62660.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	85.23	405.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	85.23	405.92

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

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

FOR LINE NUMBER: PAGE 6 OF 82  
(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. GREGORY P BALDWIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Saddle Ridge Ct.  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.81

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450965**  
 Amount of Each Receipt this Period  
 41.65

**B. GREGORY P BALDWIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Saddle Ridge Ct.  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526647**  
 Amount of Each Receipt this Period  
 42.27

**C. PHILLIP W BANET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4589 JADE LANE  
 City HOFFMAN ESTATES State IL Zip Code 60192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Senior Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.52

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450866**  
 Amount of Each Receipt this Period  
 41.60

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.52  
**TOTAL** This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 82
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<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. PHILLIP W BANET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4589 JADE LANE  
 City HOFFMAN ESTATES State IL Zip Code 60192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Senior Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 247.73

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526546**  
 Amount of Each Receipt this Period  
 42.21

**B. WALTER A BERKOWICZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 GATESHEAD DRIVE  
 City NAPERVILLE State IL Zip Code 60565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation AFT-Architect-Expert  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.75

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526618**  
 Amount of Each Receipt this Period  
 37.14

**C. EDWARD A BIEMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 807 Greenwood Ave.  
 City GLENCOE State IL Zip Code 60022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-PRD-Product Line Mana  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.83

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450818**  
 Amount of Each Receipt this Period  
 42.99

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	122.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. EDWARD 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 Occupation  
Allstate Insurance Company SVP-PRD-Product Line Mana

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
256.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526496**

Amount of Each Receipt this Period  
43.52

Full Name (Last, First, Middle Initial)  
**B. 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 Occupation  
Allstate Insurance Company SVP-FSS-Investor Relation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450992**

Amount of Each Receipt this Period  
67.70

Full Name (Last, First, Middle Initial)  
**C. 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 Occupation  
Allstate Insurance Company SVP-FSS-Investor Relation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
404.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526674**

Amount of Each Receipt this Period  
68.28

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 179.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 82
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<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. DOUGLAS L BORG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11988 Crafton Hills Crt

City Yucaipa	State CA	Zip Code 92399
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Financial Sales Consultan
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.94**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	21	/	2014

**Transaction ID : A2014-526716**

Amount of Each Receipt this Period  

33.49
-------

**B. LONDON B BRADLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6350 S Langdale Way

City Aurora	State CO	Zip Code 80016
----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Regional Sales Leader
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.12**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	21	/	2014

**Transaction ID : A2014-526703**

Amount of Each Receipt this Period  

38.33
-------

**C. LORRIE K BROUSE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 223 POLK PLACE DRIVE

City FRANKLIN	State TN	Zip Code 37064
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.59**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	21	/	2014

**Transaction ID : A2014-526524**

Amount of Each Receipt this Period  

40.80
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>112.62</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 238.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526580**

Amount of Each Receipt this Period  
 40.67

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

Mailing Address 2000 N. BROADMOOR LANE

City State Zip Code  
 VERNON HILLS IL 60061

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 283.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450822**

Amount of Each Receipt this Period  
 57.69

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

Mailing Address 2000 N. BROADMOOR LANE

City State Zip Code  
 VERNON HILLS IL 60061

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 342.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526500**

Amount of Each Receipt this Period  
 58.85

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 157.21

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 82
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<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. ALICE M BYRNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4121 109TH STREET  
City PLEASANT PRAIRI State WI Zip Code 53158  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 442.45

Date of Receipt 03 / 07 / 2014  
**Transaction ID : A2014-450989**  
Amount of Each Receipt this Period 89.29

**B. ALICE M BYRNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4121 109TH STREET  
City PLEASANT PRAIRI State WI Zip Code 53158  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 532.74

Date of Receipt 03 / 21 / 2014  
**Transaction ID : A2014-526671**  
Amount of Each Receipt this Period 90.29

**C. CHRISTOPHER W CLAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9832 Toscano Drive  
City ELK GROVE State CA Zip Code 95757  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation Senior Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 215.70

Date of Receipt 03 / 21 / 2014  
**Transaction ID : A2014-526733**  
Amount of Each Receipt this Period 36.88

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 216.46  
**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 13 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
 Allstate Insurance Company SMD-INV-International  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526547**  
 Amount of Each Receipt this Period  
 38.40

Full Name (Last, First, Middle Initial)  
**B. 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 SVP-MRK-Integrated Mrktng  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526602**  
 Amount of Each Receipt this Period  
 39.13

Full Name (Last, First, Middle Initial)  
**C. PATRICIA A COFFEY**  
 Mailing Address 21200 W. KEPWICK  
 City State Zip Code  
 KILDEER IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ATO-Delivery & Risk M  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526605**  
 Amount of Each Receipt this Period  
 36.36

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 113.89  
**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 14 OF 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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. EDWARD T COLLINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 809 DUNHILL COURT

City GURNEE State IL Zip Code 60031

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.81

Date of Receipt 03 / 07 / 2014  
**Transaction ID : A2014-450892**

Amount of Each Receipt this Period 51.17

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

Mailing Address 809 DUNHILL COURT

City GURNEE State IL Zip Code 60031

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 304.73

Date of Receipt 03 / 21 / 2014  
**Transaction ID : A2014-526573**

Amount of Each Receipt this Period 51.92

**C. PETER T CORRIGAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 28852 FOREST LAKE LANE

City GREEN OAKS State IL Zip Code 60048

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

Name of Employer Allstate Insurance Company Occupation SVP-ATO-Bus Prtn-Sales &

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 321.69

Date of Receipt 03 / 07 / 2014  
**Transaction ID : A2014-450792**

Amount of Each Receipt this Period 66.57

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 169.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. PETER T CORRIGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28852 FOREST LAKE LANE  
 City GREEN OAKS State IL Zip Code 60048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-ATO-Bus Prtn-Sales &  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 391.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526469**  
 Amount of Each Receipt this Period  
 69.36

**B. RICHARD C CRIST Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 252 Center Point Lane  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 371.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450827**  
 Amount of Each Receipt this Period  
 75.44

**C. RICHARD C CRIST Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 252 Center Point Lane  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 448.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526505**  
 Amount of Each Receipt this Period  
 76.75

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	221.55
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. ROBERT 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 Corp Rel Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 239.93

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526523**  
 Amount of Each Receipt this Period  
 40.58

Full Name (Last, First, Middle Initial)  
**B. RANDALL S DECOURSEY**  
 Mailing Address 1954 Oakwood Dr  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-AF-Contact Center Impl  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 219.49

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450893**  
 Amount of Each Receipt this Period  
 44.77

Full Name (Last, First, Middle Initial)  
**C. RANDALL S DECOURSEY**  
 Mailing Address 1954 Oakwood Dr  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-AF-Contact Center Impl  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 265.35

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526574**  
 Amount of Each Receipt this Period  
 45.86

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 131.21  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. STEVEN J DEGNAN-SCHMIDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1320 MULBERRY LN.  
 City CARY State IL Zip Code 60013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Mgmt Consulting-Direc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.07

Date of Receipt 03 / 07 / 2014  
**Transaction ID : A2014-450860**  
 Amount of Each Receipt this Period 42.75

**B. STEVEN J DEGNAN-SCHMIDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1320 MULBERRY LN.  
 City CARY State IL Zip Code 60013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Mgmt Consulting-Direc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.25

Date of Receipt 03 / 21 / 2014  
**Transaction ID : A2014-526539**  
 Amount of Each Receipt this Period 43.18

**C. JEFFREY F DEIGL**  
 Full Name (Last, First, Middle Initial)  
 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 VP-PRD-Product Vice Presi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.91

Date of Receipt 03 / 07 / 2014  
**Transaction ID : A2014-450962**  
 Amount of Each Receipt this Period 56.63

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	142.56
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. 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 **VP-PRD-Product Vice Presi**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **338.11**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A2014-526644**

Amount of Each Receipt this Period  
**57.20**

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

Mailing Address **421 Chapel Hill Lane**

City **Northfield** State **IL** Zip Code **60093**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.06**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : A2014-451053**

Amount of Each Receipt this Period  
**64.26**

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

Mailing Address **421 Chapel Hill Lane**

City **Northfield** State **IL** Zip Code **60093**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.58**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A2014-526734**

Amount of Each Receipt this Period  
**65.52**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **186.98**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 82
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. 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 VP-AF-Program Mgmt Office

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
304.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2014  
**Transaction ID : A2014-450944**

Amount of Each Receipt this Period  
61.16

Full Name (Last, First, Middle Initial)  
**B. 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 VP-AF-Program Mgmt Office

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
366.07

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2014  
**Transaction ID : A2014-526626**

Amount of Each Receipt this Period  
61.47

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

Mailing Address 1541 West Wolfram Street

City State Zip Code  
Chicago IL 60657

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

Name of Employer Occupation  
Allstate Insurance Company SVP-ENC-President Encompa

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
414.95

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2014  
**Transaction ID : A2014-451067**

Amount of Each Receipt this Period  
82.99

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 205.62

**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: (check only one)	PAGE 20 OF 82
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Thomas V Ealy</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2014 <b>Transaction ID : A2014-526747</b>
Mailing Address 1541 West Wolfram Street		Amount of Each Receipt this Period 82.99
City Chicago	State IL	Zip Code 60657
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-ENC-President Encompa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 497.94	

Full Name (Last, First, Middle Initial) <b>B. KATHLEEN N ENRIGHT</b>		Date of Receipt MM / DD / YYYY 03 / 07 / 2014 <b>Transaction ID : A2014-450953</b>
Mailing Address 10323 TRUMBULL AVE		Amount of Each Receipt this Period 53.41
City CHICAGO	State IL	Zip Code 60655
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation VP-FSS-Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.29	

Full Name (Last, First, Middle Initial) <b>C. KATHLEEN N ENRIGHT</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2014 <b>Transaction ID : A2014-526635</b>
Mailing Address 10323 TRUMBULL AVE		Amount of Each Receipt this Period 53.85
City CHICAGO	State IL	Zip Code 60655
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation VP-FSS-Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.14	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.25
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 21 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MICHAEL L ESCOBAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 660 BALMORAL LANE  
 City Inverness State IL Zip Code 60067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-HR-Diversity & Org. Ef  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **289.03**

Date of Receipt **03 / 07 / 2014**  
**Transaction ID : A2014-450795**  
 Amount of Each Receipt this Period **58.27**

**B. MICHAEL L ESCOBAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 660 BALMORAL LANE  
 City Inverness State IL Zip Code 60067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-HR-Diversity & Org. Ef  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **347.88**

Date of Receipt **03 / 21 / 2014**  
**Transaction ID : A2014-526472**  
 Amount of Each Receipt this Period **58.85**

**C. LISA J FLANARY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1007 Harris Road  
 City Grayslake State IL Zip Code 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-AF-Customer Strategy  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **238.74**

Date of Receipt **03 / 21 / 2014**  
**Transaction ID : A2014-526668**  
 Amount of Each Receipt this Period **40.39**

**SUBTOTAL** of Receipts This Page (optional)..... **157.51**  
**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: (check only one)	PAGE 22 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 613 REX

City State Zip Code  
ELMHURST IL 60126

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
251.50

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2014

**Transaction ID : A2014-450900**

Amount of Each Receipt this Period  
50.74

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

Mailing Address 613 REX

City State Zip Code  
ELMHURST IL 60126

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
302.79

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2014

**Transaction ID : A2014-526581**

Amount of Each Receipt this Period  
51.29

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

Mailing Address 1280 WILD ROSE LANE

City State Zip Code  
LAKE FOREST IL 60045

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

Name of Employer Occupation  
Allstate Insurance Company VP-LGL-Allstate Financial

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
264.90

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2014

**Transaction ID : A2014-451014**

Amount of Each Receipt this Period  
53.58

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 155.61

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ANGELA K FONTANA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1280 WILD ROSE LANE  
 City LAKE FOREST State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-LGL-Allstate Financial  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 319.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526696**  
 Amount of Each Receipt this Period  
 54.33

**B. SARA A FOSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2216 BARRETT DR  
 City ALGONQUIN State IL Zip Code 60102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Six Sigma-Expert  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.19

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526592**  
 Amount of Each Receipt this Period  
 35.54

**C. ANGELA M Fusco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Tullach Place  
 City Stonebrae State CA Zip Code 94542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450828**  
 Amount of Each Receipt this Period  
 42.25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	132.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ANGELA M Fusco**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 Tullach Place

City State Zip Code  
Stonebrae CA 94542

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 ▼  
250.41

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2014

**Transaction ID : A2014-526506**

Amount of Each Receipt this Period  
43.28

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

Mailing Address 1129 N Mitchell Ave

City State Zip Code  
Arlington Heights IL 60004

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

Name of Employer Occupation  
Allstate Insurance Company Finance Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
236.70

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2014

**Transaction ID : A2014-526597**

Amount of Each Receipt this Period  
40.77

**C. MARIBEL V GERSTNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2754 CHARLIE CT.

City State Zip Code  
GLENVIEW IL 60026

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

Name of Employer Occupation  
Allstate Insurance Company VP-AF-Pres & Chief Operat

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.24

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2014

**Transaction ID : A2014-450889**

Amount of Each Receipt this Period  
50.36

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. MARIBEL V GERSTNER**

Mailing Address 2754 CHARLIE CT.

City State Zip Code  
GLENVIEW IL 60026

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

Name of Employer Occupation  
Allstate Insurance Company VP-AF-Pres & Chief Operat

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.23**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A2014-526570**

Amount of Each Receipt this Period  
**50.99**

Full Name (Last, First, Middle Initial)  
**B. 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 VP-PRD-Product Vice Presi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **200.45**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A2014-526698**

Amount of Each Receipt this Period  
**34.03**

Full Name (Last, First, Middle Initial)  
**C. JOAN M 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 Director Litigation Servi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.54**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : A2014-450796**

Amount of Each Receipt this Period  
**45.54**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **130.56**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address **656 S BUCKINGHAM CT**

City **LAKE FOREST** State **IL** Zip Code **60045**

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

Name of Employer **Allstate Insurance Company** Occupation **Director Litigation Servi**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **271.62**

Date of Receipt  
**03 / 21 / 2014**  
**Transaction ID : A2014-526473**

Amount of Each Receipt this Period  
**46.08**

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

Mailing Address **4071 NEWPORT LANE**

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.22**

Date of Receipt  
**03 / 21 / 2014**  
**Transaction ID : A2014-526721**

Amount of Each Receipt this Period  
**36.57**

Full Name (Last, First, Middle Initial)  
**C. GEORGE F GRAWE**

Mailing Address **801 N. Vail Avenue**

City **Arlington Heights** State **IL** Zip Code **60004**

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

Name of Employer **Allstate Insurance Company** Occupation **VP-LGL-Staff & Retained C**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **257.48**

Date of Receipt  
**03 / 07 / 2014**  
**Transaction ID : A2014-450855**

Amount of Each Receipt this Period  
**52.52**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **135.17**

**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: (check only one)	PAGE 27 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. GEORGE F GRAWE</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2014 <b>Transaction ID : A2014-526534</b>
Mailing Address 801 N. Vail Avenue		Amount of Each Receipt this Period 53.80
City Arlington Heights	State IL	Zip Code 60004
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation VP-LGL-Staff & Retained C	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 311.28	

Full Name (Last, First, Middle Initial) <b>B. Mark A Green</b>		Date of Receipt MM / DD / YYYY 03 / 07 / 2014 <b>Transaction ID : A2014-451059</b>
Mailing Address 1711 Wildwood Ct		Amount of Each Receipt this Period 60.53
City Glenview	State IL	Zip Code 60025
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-EB-President Ivantage	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 296.73	

Full Name (Last, First, Middle Initial) <b>c. Mark A Green</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2014 <b>Transaction ID : A2014-526740</b>
Mailing Address 1711 Wildwood Ct		Amount of Each Receipt this Period 62.00
City Glenview	State IL	Zip Code 60025
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-EB-President Ivantage	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 358.73	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	176.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JUDITH P GREFFIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 338 North Kenilworth

City OAK PARK	State IL	Zip Code 60302
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation EVP-INV-Chief Investment	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.98	

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2014  
**Transaction ID : A2014-450864**

Amount of Each Receipt this Period  
75.58

**B. JUDITH P GREFFIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 338 North Kenilworth

City OAK PARK	State IL	Zip Code 60302
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation EVP-INV-Chief Investment	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 448.29	

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2014  
**Transaction ID : A2014-526543**

Amount of Each Receipt this Period  
77.31

**C. Sanjay Gupta**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1971 Farnsworth Ln

City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation EVP-Mktg Innovation & Co	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.47	

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2014  
**Transaction ID : A2014-451078**

Amount of Each Receipt this Period  
63.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	216.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 82
	<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. Sanjay Gupta**  
Full Name (Last, First, Middle Initial)

Mailing Address 1971 Farnsworth Ln

City Northbrook State IL Zip Code 60062

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **376.62**

Date of Receipt **03 / 21 / 2014**

**Transaction ID : A2014-526757**

Amount of Each Receipt this Period **64.15**

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

Mailing Address 840 ALLEGHANY

City GRAYSLAKE State IL Zip Code 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 ▼ **203.41**

Date of Receipt **03 / 07 / 2014**

**Transaction ID : A2014-451022**

Amount of Each Receipt this Period **41.17**

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

Mailing Address 840 ALLEGHANY

City GRAYSLAKE State IL Zip Code 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 ▼ **245.19**

Date of Receipt **03 / 21 / 2014**

**Transaction ID : A2014-526704**

Amount of Each Receipt this Period **41.78**

**SUBTOTAL** of Receipts This Page (optional)..... **147.10**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David S Harper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 Lancaster Lane

City Lincolnshire	State IL	Zip Code 60069
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-FSS-Tax
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.18**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2014

**Transaction ID : A2014-451061**

Amount of Each Receipt this Period  

66.22
-------

**B. David S Harper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 Lancaster Lane

City Lincolnshire	State IL	Zip Code 60069
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-FSS-Tax
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **394.38**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

**Transaction ID : A2014-526742**

Amount of Each Receipt this Period  

67.20
-------

**C. Cheryl A Harris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4136 Three Lakes Drive

City Long Grove	State IL	Zip Code 60047
--------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-SPS-Sourcing & Procur
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.81**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2014

**Transaction ID : A2014-451074**

Amount of Each Receipt this Period  

63.81
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>197.23</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 82
	<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. Cheryl A Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4136 Three Lakes Drive  
 City Long Grove State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-SPS-Sourcing & Procur  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.43

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526753**  
 Amount of Each Receipt this Period  
 64.62

**B. Barbara A Higgins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 N Lakewood Ave  
 City Chicago State IL Zip Code 60614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-PC-Customer Retention  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 222.91

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526754**  
 Amount of Each Receipt this Period  
 37.85

**C. WILLIAM G HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2935 GLENARYE DRIVE  
 City LINDENHURST State IL Zip Code 60046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation EVP-PRD-Regional Product  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 669.06

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450842**  
 Amount of Each Receipt this Period  
 135.54

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 238.01  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. WILLIAM G HILL</b>		Date of Receipt
Mailing Address 2935 GLENARYE DRIVE		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City State Zip Code LINDENHURST IL 60046		<b>Transaction ID : A2014-526521</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="137.69"/>
Name of Employer Allstate Insurance Company	Occupation EVP-PRD-Regional Product	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="806.75"/>	

Full Name (Last, First, Middle Initial) <b>B. LINDA M HONOUR</b>		Date of Receipt
Mailing Address 464 Washington Road		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City State Zip Code Lake Forest IL 60045		<b>Transaction ID : A2014-451049</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="43.08"/>
Name of Employer Allstate Insurance Company	Occupation VP-ATO-Prog Mgmt Office	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="216.01"/>	

Full Name (Last, First, Middle Initial) <b>C. LINDA M HONOUR</b>		Date of Receipt
Mailing Address 464 Washington Road		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City State Zip Code Lake Forest IL 60045		<b>Transaction ID : A2014-526730</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="43.08"/>
Name of Employer Allstate Insurance Company	Occupation VP-ATO-Prog Mgmt Office	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="259.09"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="223.85"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 33 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code  
 KILDEER IL 60047

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 227.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526598**

Amount of Each Receipt this Period  
 57.51

Full Name (Last, First, Middle Initial)  
**B. MARIANO A IMBARRATO**

Mailing Address 10825 CHUCER DRIVE

City State Zip Code  
 WILLOW SPRINGS IL 60480

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

Name of Employer Occupation  
 Allstate Insurance Company Vice PresidentCapital PI

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 238.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450905**

Amount of Each Receipt this Period  
 48.62

Full Name (Last, First, Middle Initial)  
**C. MARIANO A IMBARRATO**

Mailing Address 10825 CHUCER DRIVE

City State Zip Code  
 WILLOW SPRINGS IL 60480

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

Name of Employer Occupation  
 Allstate Insurance Company Vice PresidentCapital PI

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 288.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526586**

Amount of Each Receipt this Period  
 49.80

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 155.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 82
	<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. JAMES C JAMIESON**  
Full Name (Last, First, Middle Initial)

Mailing Address 24160 North Beach Dr

City Cary State IL Zip Code 60013

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

Name of Employer Allstate Insurance Company Occupation SPS-Strategic Alliance-Di

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **200.11**

Date of Receipt **03 / 07 / 2014**

**Transaction ID : A2014-450880**

Amount of Each Receipt this Period **40.43**

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

Mailing Address 24160 North Beach Dr

City Cary State IL Zip Code 60013

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

Name of Employer Allstate Insurance Company Occupation SPS-Strategic Alliance-Di

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **241.05**

Date of Receipt **03 / 21 / 2014**

**Transaction ID : A2014-526561**

Amount of Each Receipt this Period **40.94**

**C. Marcia Kaminsky**  
Full Name (Last, First, Middle Initial)

Mailing Address 2634 North Wayne

City Chicago State IL Zip Code 60614

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

Name of Employer Allstate Insurance Company Occupation SVP-CR-Corporate Communic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **323.32**

Date of Receipt **03 / 07 / 2014**

**Transaction ID : A2014-451068**

Amount of Each Receipt this Period **35.92**

**SUBTOTAL** of Receipts This Page (optional)..... **117.29**

**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: (check only one)	PAGE 35 OF 82
	<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. Wilford J Kavanaugh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Open Parkway North  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-AF-Pres. Allstate Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.36

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-451070**  
 Amount of Each Receipt this Period  
 56.96

**B. Wilford J Kavanaugh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Open Parkway North  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-AF-Pres. Allstate Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 338.44

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526749**  
 Amount of Each Receipt this Period  
 58.08

**C. CHRISTOPHER R KIAH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 BRAMPTON LN  
 City LAKE FOREST State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-ST-Protection Program  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 282.86

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450786**  
 Amount of Each Receipt this Period  
 57.02

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 172.06  
**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 36 OF 82  
(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. CHRISTOPHER R KIAH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 BRAMPTON LN  
 City LAKE FOREST State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-ST-Protection Program  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.45

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526463**  
 Amount of Each Receipt this Period  
 57.59

**B. CURTIS L KIBLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1332 BAY MEADOWS DR  
 City BARTLETT State IL Zip Code 60103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.01

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450881**  
 Amount of Each Receipt this Period  
 44.33

**C. CURTIS L KIBLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1332 BAY MEADOWS DR  
 City BARTLETT State IL Zip Code 60103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 263.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526562**  
 Amount of Each Receipt this Period  
 44.98

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 146.90  
**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 37 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 ▼  
 226.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526702**

Amount of Each Receipt this Period  
 38.51

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

Mailing Address 4513 Jenna Rd

City Glenview      State IL      Zip Code 60025

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 214.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526638**

Amount of Each Receipt this Period  
 36.71

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

Mailing Address 1705 DARTMOUTH LN

City DEERFIELD      State IL      Zip Code 60015

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 513.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450785**

Amount of Each Receipt this Period  
 105.81

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 181.03

**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: (check only one)	PAGE 38 OF 82
	<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. SUSAN L LEES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1705 DARTMOUTH LN

City DEERFIELD State IL Zip Code 60015

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **623.43**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A2014-526462**

Amount of Each Receipt this Period  
**109.62**

**B. Peter G Logothesis**  
Full Name (Last, First, Middle Initial)

Mailing Address 2326 Indian Ridge Drive

City Glenview State IL Zip Code 60026

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **309.62**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : A2014-451071**

Amount of Each Receipt this Period  
**62.42**

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

Mailing Address 2326 Indian Ridge Drive

City Glenview State IL Zip Code 60026

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.66**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A2014-526750**

Amount of Each Receipt this Period  
**63.04**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **235.08**

**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 39 OF 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. GREGORY J LUCETT</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014 <b>Transaction ID : A2014-526722</b>
Mailing Address P.O. BOX 9242		Amount of Each Receipt this Period 37.37
City GLENDALE	State CA	Zip Code 91226
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Managing Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.97	

Full Name (Last, First, Middle Initial) <b>B. BENJAMIN E LUMICAO</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014 <b>Transaction ID : A2014-526628</b>
Mailing Address 9655 Woods Drive Unit 708		Amount of Each Receipt this Period 35.69
City Skokie	State IL	Zip Code 60077
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Senior Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.27	

Full Name (Last, First, Middle Initial) <b>C. Katherine A Mabe</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014 <b>Transaction ID : A2014-451069</b>
Mailing Address 2750 Commons Drive		Amount of Each Receipt this Period 111.92
City Glenview	State IL	Zip Code 60026
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation PRES-B2B-Business to Busi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 559.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	184.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 82
	<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. Katherine A Mabe**  
Full Name (Last, First, Middle Initial)

Mailing Address 2750 Commons Drive

City State Zip Code  
Glenview IL 60026

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

Name of Employer Occupation  
Allstate Insurance Company PRES-B2B-Business to Busi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**671.52**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A2014-526748**

Amount of Each Receipt this Period  
**111.92**

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

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code  
Hawthorn Woods IL 60047

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

Name of Employer Occupation  
Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**211.15**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : A2014-450903**

Amount of Each Receipt this Period  
**42.39**

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

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code  
Hawthorn Woods IL 60047

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

Name of Employer Occupation  
Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**253.74**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A2014-526584**

Amount of Each Receipt this Period  
**42.59**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>196.90</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 41 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 11 Larkspur Drive

City State Zip Code  
 Smithtown NY 11787

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

Name of Employer Occupation  
 Allstate Insurance Company VP-SAL-Field Vice Preside

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 227.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-451030**

Amount of Each Receipt this Period  
 45.87

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

Mailing Address 11 Larkspur Drive

City State Zip Code  
 Smithtown NY 11787

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

Name of Employer Occupation  
 Allstate Insurance Company VP-SAL-Field Vice Preside

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 273.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526711**

Amount of Each Receipt this Period  
 46.35

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

Mailing Address 3311 Brook Rd.

City State Zip Code  
 Highland Park IL 60035

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 333.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-451072**

Amount of Each Receipt this Period  
 68.12

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. Jesse E Merten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3311 Brook Rd.  
 City Highland Park State IL Zip Code 60035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-AF-Finance  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **403.74**

Date of Receipt **03 / 21 / 2014**  
**Transaction ID : A2014-526751**  
 Amount of Each Receipt this Period **69.78**

**B. MEGHAN O MULVIHILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2445 CHERRY LANE  
 City NORTHBROOK State IL Zip Code 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation State Filings Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **237.39**

Date of Receipt **03 / 21 / 2014**  
**Transaction ID : A2014-526517**  
 Amount of Each Receipt this Period **40.45**

**C. MICHAEL F MULVIHILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2445 CHERRY LANE  
 City NORTHBROOK State IL Zip Code 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **218.50**

Date of Receipt **03 / 07 / 2014**  
**Transaction ID : A2014-450886**  
 Amount of Each Receipt this Period **44.22**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>154.45</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MICHAEL F MULVIHILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2445 CHERRY LANE  
 City NORTHBROOK State IL Zip Code 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 263.37

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526567**  
 Amount of Each Receipt this Period  
 44.87

**B. MICHAEL A MURPHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1908 N. Silver Lake Road  
 City Arlington Heights State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.26

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-451011**  
 Amount of Each Receipt this Period  
 42.30

**C. MICHAEL A MURPHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1908 N. Silver Lake Road  
 City Arlington Heights State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.88

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526693**  
 Amount of Each Receipt this Period  
 42.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 129.79  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DAVID G NADIG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2950 LAKE PLACID

City NORTHBROOK	State IL	Zip Code 60062
--------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-LGL-Protection Law
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.71**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2014

**Transaction ID : A2014-450964**

Amount of Each Receipt this Period  

66.07
-------

**B. DAVID G NADIG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2950 LAKE PLACID

City NORTHBROOK	State IL	Zip Code 60062
--------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-LGL-Protection Law
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **394.43**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

**Transaction ID : A2014-526646**

Amount of Each Receipt this Period  

66.72
-------

**C. PATRICK K NOLL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22451 THORNBURY CT

City DEER PARK	State IL	Zip Code 60010
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.46**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2014

**Transaction ID : A2014-451013**

Amount of Each Receipt this Period  

62.74
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>195.53</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 82
	<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. PATRICK K NOLL**  
Full Name (Last, First, Middle Initial)

Mailing Address 22451 THORNBURY CT

City DEER PARK State IL Zip Code 60010

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 372.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526695**

Amount of Each Receipt this Period  
 64.04

**B. ROGER D ODLE II**  
Full Name (Last, First, Middle Initial)

Mailing Address 5170 BARCROFT DRIVE

City HOFFMAN ESTATES State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation VP-SAL-Field Vice Preside

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450939**

Amount of Each Receipt this Period  
 49.62

**C. ROGER D ODLE II**  
Full Name (Last, First, Middle Initial)

Mailing Address 5170 BARCROFT DRIVE

City HOFFMAN ESTATES State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation VP-SAL-Field Vice Preside

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 296.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526621**

Amount of Each Receipt this Period  
 49.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 163.28

**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: (check only one)	PAGE 46 OF 82
	<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. KENNETH I OMURA**  
Full Name (Last, First, Middle Initial)

Mailing Address 361 KELBURN RD. #315

City DEERFIELD State IL Zip Code 60015

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

Name of Employer Allstate Insurance Company Occupation Corporate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450863**

Amount of Each Receipt this Period  
 41.30

**B. KENNETH I OMURA**  
Full Name (Last, First, Middle Initial)

Mailing Address 361 KELBURN RD. #315

City DEERFIELD State IL Zip Code 60015

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

Name of Employer Allstate Insurance Company Occupation Corporate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526542**

Amount of Each Receipt this Period  
 41.53

**C. PAMELA J OVERTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 23475 W. Newhaven Dr.

City Hawthorn Woods State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation VP-CLM-Claims Product Lin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450857**

Amount of Each Receipt this Period  
 50.16

**SUBTOTAL** of Receipts This Page (optional).....▶ 132.99

**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: (check only one)	PAGE 47 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. PAMELA J OVERTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23475 W. Newhaven Dr.  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-CLM-Claims Product Lin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 298.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526536**  
 Amount of Each Receipt this Period  
 51.03

**B. DEAN T PAPPAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3406 VICEROY COURT  
 City EDGEWATER State MD Zip Code 21037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-LGL-Legislative & Regu  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 251.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450835**  
 Amount of Each Receipt this Period  
 50.76

**C. DEAN T PAPPAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3406 VICEROY COURT  
 City EDGEWATER State MD Zip Code 21037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-LGL-Legislative & Regu  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 303.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526513**  
 Amount of Each Receipt this Period  
 51.26

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	153.05
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. LAURIE PELLOUCHOUD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1447 PLEASANT  
 City GLENVIEW State IL Zip Code 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-PRD-Homeowners  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 223.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450959**  
 Amount of Each Receipt this Period  
 45.39

**B. LAURIE PELLOUCHOUD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1447 PLEASANT  
 City GLENVIEW State IL Zip Code 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-PRD-Homeowners  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526641**  
 Amount of Each Receipt this Period  
 46.28

**c. Opal G Perry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1406 Rosalie St.  
 City Evanston State IL Zip Code 60201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-ATO-Testing & Release  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-451077**  
 Amount of Each Receipt this Period  
 46.51

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	138.18
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Opal G Perry**

Mailing Address 1406 Rosalie St.

City Evanston State IL Zip Code 60201

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

Name of Employer Allstate Insurance Company Occupation VP-ATO-Testing & Release

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.33**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A2014-526756**

Amount of Each Receipt this Period  
**47.42**

Full Name (Last, First, Middle Initial)  
**B. THOMAS S PETERSON**

Mailing Address 2756 BRECKENRIDGE LANE

City NAPERVILLE State IL Zip Code 60565

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.16**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A2014-526732**

Amount of Each Receipt this Period  
**35.64**

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

Mailing Address 2114 W Cortland ST

City CHICAGO State IL Zip Code 60647

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **203.71**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : A2014-450876**

Amount of Each Receipt this Period  
**41.23**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **124.29**

**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 50 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. JOHN C PINTOZZI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2114 W Cortland ST  
 City State Zip Code  
 CHICAGO IL 60647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-INV-Chief Financial O  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 245.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526557**  
 Amount of Each Receipt this Period  
 41.84

**B. DAVID J PRENDERGAST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8262 Arrowleaf Turn  
 City State Zip Code  
 Gainesville VA 20155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-SAL-Regional Presiden  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 410.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450801**  
 Amount of Each Receipt this Period  
 82.50

**C. DAVID J PRENDERGAST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8262 Arrowleaf Turn  
 City State Zip Code  
 Gainesville VA 20155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-SAL-Regional Presiden  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 493.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526478**  
 Amount of Each Receipt this Period  
 83.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 207.42  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 51 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 837 S. CHESTNUT AVENUE

City State Zip Code  
 ARLINGTON HEIGH IL 60005

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.45**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : A2014-450985**

Amount of Each Receipt this Period  
**45.45**

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

Mailing Address 837 S. CHESTNUT AVENUE

City State Zip Code  
 ARLINGTON HEIGH IL 60005

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **271.35**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A2014-526667**

Amount of Each Receipt this Period  
**45.90**

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

Mailing Address 618 Burdick St.

City State Zip Code  
 LIBERTYVILLE IL 60048

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **207.07**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : A2014-450906**

Amount of Each Receipt this Period  
**41.75**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **133.10**

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

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

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

FOR LINE NUMBER: PAGE 52 OF 82  
(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. KEVIN P RICE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 618 Burdick St.  
 City LIBERTYVILLE State IL Zip Code 60048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.23

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526587**  
 Amount of Each Receipt this Period  
 42.16

**B. MARIO RIZZO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5926 W. 90TH PLACE  
 City OAK LAWN State IL Zip Code 60453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-FSS-Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 296.38

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450908**  
 Amount of Each Receipt this Period  
 60.34

**C. MARIO RIZZO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5926 W. 90TH PLACE  
 City OAK LAWN State IL Zip Code 60453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-FSS-Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 358.05

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526589**  
 Amount of Each Receipt this Period  
 61.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 164.17  
**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 53 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. GREGORY C ROHLFING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 ASHLAND  
 City RIVER FOREST State IL Zip Code 60305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.53

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450874**  
 Amount of Each Receipt this Period  
 45.09

**B. GREGORY C ROHLFING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 ASHLAND  
 City RIVER FOREST State IL Zip Code 60305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526555**  
 Amount of Each Receipt this Period  
 45.31

**C. JOHN ROSZKOWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3371 VENARD RD.  
 City DOWNERS GROVE State IL Zip Code 60515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.24

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450938**  
 Amount of Each Receipt this Period  
 43.12

**SUBTOTAL** of Receipts This Page (optional)..... ► 133.52  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 54 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. JOHN ROSZKOWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3371 VENARD RD.  
 City Downers Grove State IL Zip Code 60515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 256.21

Date of Receipt 03 / 21 / 2014  
**Transaction ID : A2014-526620**  
 Amount of Each Receipt this Period 43.97

**B. PAUL R RYSKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 898 LONGWOOD DR.  
 City Lake Forest State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.08

Date of Receipt 03 / 07 / 2014  
**Transaction ID : A2014-450872**  
 Amount of Each Receipt this Period 45.28

**C. PAUL R RYSKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 898 LONGWOOD DR.  
 City Lake Forest State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.94

Date of Receipt 03 / 21 / 2014  
**Transaction ID : A2014-526553**  
 Amount of Each Receipt this Period 45.86

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.11  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 55 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Donald D Sands**  
 Mailing Address 321 North Brainard Avenue  
 City State Zip Code  
 Lagrange Park IL 60526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-ST-Protection Project  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 277.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-451063**  
 Amount of Each Receipt this Period  
 56.08

Full Name (Last, First, Middle Initial)  
**B. Donald D Sands**  
 Mailing Address 321 North Brainard Avenue  
 City State Zip Code  
 Lagrange Park IL 60526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-ST-Protection Project  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 334.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526743**  
 Amount of Each Receipt this Period  
 56.77

Full Name (Last, First, Middle Initial)  
**C. 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 Occupation  
 Allstate Insurance Company ATO-Manager-Sr Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.89

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526624**  
 Amount of Each Receipt this Period  
 37.64

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.49  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 56 OF 82  
(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. STEPHEN E SCHOLL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 COPPERFIELD DRIVE

City HAWTHORN WOODS	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation VP-HR-HR Business Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>295.10</b>	

Date of Receipt  
**03 / 07 / 2014**  
Transaction ID : **A2014-450823**

Amount of Each Receipt this Period  
**59.46**

**B. STEPHEN E SCHOLL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 COPPERFIELD DRIVE

City HAWTHORN WOODS	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation VP-HR-HR Business Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>355.10</b>	

Date of Receipt  
**03 / 21 / 2014**  
Transaction ID : **A2014-526501**

Amount of Each Receipt this Period  
**60.00**

**C. PAUL SCHUTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6323 N. NORMANDY

City CHICAGO	State IL	Zip Code 60631
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allstate Insurance Company	Occupation VP-INV-Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>272.09</b>	

Date of Receipt  
**03 / 07 / 2014**  
Transaction ID : **A2014-450907**

Amount of Each Receipt this Period  
**55.29**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>174.75</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 57 OF 82  
(check only one)

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

Full Name (Last, First, Middle Initial)  
**A. PAUL SCHUTT**

Mailing Address 6323 N. NORMANDY

City CHICAGO	State IL	Zip Code 60631
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-INV-Finance
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **328.46**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2014

**Transaction ID : A2014-526588**

Amount of Each Receipt this Period  

56.37
-------

Full Name (Last, First, Middle Initial)  
**B. 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 SVP-SAL-Field Senior Vice
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **266.81**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2014

**Transaction ID : A2014-450993**

Amount of Each Receipt this Period  

54.01
-------

Full Name (Last, First, Middle Initial)  
**C. 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 SVP-SAL-Field Senior Vice
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **321.63**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2014

**Transaction ID : A2014-526675**

Amount of Each Receipt this Period  

54.82
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>165.20</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. STACY Y SHARPE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 616 E Street NW #649

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2014

**Transaction ID : A2014-450933**

Amount of Each Receipt this Period  
54.40

**B. STACY Y SHARPE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 616 E Street NW #649

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

**Transaction ID : A2014-526615**

Amount of Each Receipt this Period  
55.73

**C. STEVEN E SHEBIK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 517 ROBINWOOD LANE

City WHEATON	State IL	Zip Code 60189
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SMT-FSS-Chief Financial O
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
695.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2014

**Transaction ID : A2014-450913**

Amount of Each Receipt this Period  
141.92

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	252.05
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 517 ROBINWOOD LANE

City WHEATON State IL Zip Code 60189

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

Name of Employer Allstate Insurance Company Occupation SMT-FSS-Chief Financial O

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **841.14**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A2014-526594**

Amount of Each Receipt this Period  
**145.38**

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

Mailing Address 1146 39th Ave NE

City St Petersburg State FL Zip Code 33703

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

Name of Employer Allstate Insurance Company Occupation Corporate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **214.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A2014-526494**

Amount of Each Receipt this Period  
**36.36**

**C. KIMBALL S SIMON**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 WEHRHEIM

City BARRINGTON State IL Zip Code 60010

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.62**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : A2014-451026**

Amount of Each Receipt this Period  
**42.26**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>224.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. 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 ATO-Manager-Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.29

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2014

**Transaction ID : A2014-526707**

Amount of Each Receipt this Period  
42.67

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

Mailing Address 414 E. Burr Oak Dr.

City State Zip Code  
Arlington Heights IL 60004

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

Name of Employer Occupation  
Allstate Insurance Company Senior Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.29

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2014

**Transaction ID : A2014-526678**

Amount of Each Receipt this Period  
38.59

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

Mailing Address 20712 High Ridge Dr

City State Zip Code  
KILDEER IL 60047

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
457.66

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2014

**Transaction ID : A2014-450987**

Amount of Each Receipt this Period  
92.90

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 174.16

**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 61 OF 82  
(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. STEVEN P SORENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20712 High Ridge Dr  
 City State Zip Code  
 KILDEER IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-PRD-Product Operation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 552.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526669**  
 Amount of Each Receipt this Period  
 94.62

**B. KEVIN A SPATARO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1663 SARATOGA LANE  
 City State Zip Code  
 GLENVIEW IL 60026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-FSS-Accounting Resear  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 234.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526637**  
 Amount of Each Receipt this Period  
 40.02

**C. MARY SPRINGBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4745 KINGS WAY - NORTH  
 City State Zip Code  
 GURNEE IL 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-ATO-Bus Prtn-Product O  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 303.61

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526545**  
 Amount of Each Receipt this Period  
 61.69

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 196.33  
**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 62 OF 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. 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 Corporate Counsel
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
219.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2014

**Transaction ID : A2014-450854**

Amount of Each Receipt this Period  
44.21

Full Name (Last, First, Middle Initial)  
**B. 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 Corporate Counsel
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
263.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2014

**Transaction ID : A2014-526533**

Amount of Each Receipt this Period  
44.64

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

Mailing Address 242 HIGHVIEW

City ELMHURST	State IL	Zip Code 60126
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-FSS-Internal Auditing
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.38

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2014

**Transaction ID : A2014-450878**

Amount of Each Receipt this Period  
63.70

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	152.55
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 82
	<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. KATHLEEN A SWAIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 242 HIGHVIEW

City ELMHURST State IL Zip Code 60126

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

Name of Employer Allstate Insurance Company Occupation SVP-FSS-Internal Auditing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **379.87**

Date of Receipt **03 / 21 / 2014**

**Transaction ID : A2014-526559**

Amount of Each Receipt this Period **64.49**

**B. GERALYN A THOMPSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6906 S. BENNETT

City CHICAGO State IL Zip Code 60649

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

Name of Employer Allstate Insurance Company Occupation Corp Rel Sr Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **200.75**

Date of Receipt **03 / 21 / 2014**

**Transaction ID : A2014-526582**

Amount of Each Receipt this Period **34.11**

**C. MARK L THOMPSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3233 N RACINE #2

City CHICAGO State IL Zip Code 60657

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

Name of Employer Allstate Insurance Company Occupation VP-PRD-Encompass

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **238.87**

Date of Receipt **03 / 07 / 2014**

**Transaction ID : A2014-451018**

Amount of Each Receipt this Period **48.59**

**SUBTOTAL** of Receipts This Page (optional)..... **147.19**

**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: (check only one)	PAGE 64 OF 82
	<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. MARK L THOMPSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3233 N RACINE #2

City CHICAGO State IL Zip Code 60657

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

Name of Employer Allstate Insurance Company Occupation VP-PRD-Encompass

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.49**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A2014-526700**

Amount of Each Receipt this Period  
**49.62**

**B. WILLIAM J THOMPSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5129 Pine River Trail

City Castle Rock State CO Zip Code 80108

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **254.10**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : A2014-450846**

Amount of Each Receipt this Period  
**51.38**

**C. WILLIAM J THOMPSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5129 Pine River Trail

City Castle Rock State CO Zip Code 80108

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **306.19**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A2014-526525**

Amount of Each Receipt this Period  
**52.09**

**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: PAGE 65 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MELINDA S TUNNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5430 TALL OAKS DRIVE  
 City State Zip Code  
 LONG GROVE IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-SAL-Sales Programs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 273.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-451002**  
 Amount of Each Receipt this Period  
 55.06

**B. MELINDA S TUNNER**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Allstate Insurance Company VP-SAL-Sales Programs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 328.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526684**  
 Amount of Each Receipt this Period  
 55.61

**C. WILLIAM A VAINISI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 636 BALMORAL LANE  
 City State Zip Code  
 INVERNESS IL 60067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-LGL-Government & Indu  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450910**  
 Amount of Each Receipt this Period  
 64.45

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.12  
**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 66 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 636 BALMORAL LANE

City State Zip Code  
 INVERNESS IL 60067

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-LGL-Government & Indu

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 385.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526591**

Amount of Each Receipt this Period  
 64.93

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

Mailing Address 2800 Birchwood Avenue

City State Zip Code  
 Wilmette IL 60091

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 352.61

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-451025**

Amount of Each Receipt this Period  
 71.09

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

Mailing Address 2800 Birchwood Avenue

City State Zip Code  
 Wilmette IL 60091

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 424.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526706**

Amount of Each Receipt this Period  
 71.79

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 207.81

**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: (check only one)	PAGE 67 OF 82
	<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. RICHARD VAVRA**  
Full Name (Last, First, Middle Initial)

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 Corporate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 219.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450873**

Amount of Each Receipt this Period  
 44.38

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

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 Corporate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526554**

Amount of Each Receipt this Period  
 44.88

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

Mailing Address 37144 FOX HILL DR

City WADSWORTH State IL Zip Code 60083

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 704.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450812**

Amount of Each Receipt this Period  
 143.27

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 232.53

**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 68 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 37144 FOX HILL DR

City State Zip Code  
 WADSWORTH IL 60083

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 850.94

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526490**

Amount of Each Receipt this Period  
 146.15

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

Mailing Address 1N165 Partridge Dr

City State Zip Code  
 Wheaton IL 60188

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 352.45

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-451060**

Amount of Each Receipt this Period  
 71.33

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

Mailing Address 1N165 Partridge Dr

City State Zip Code  
 Wheaton IL 60188

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 424.84

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526741**

Amount of Each Receipt this Period  
 72.39

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 289.87

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. SAMUEL W WHITEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 Park View Ln  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claim Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526691**  
 Amount of Each Receipt this Period  
 37.34

**B. JOHN K WILCOX**  
 Full Name (Last, First, Middle Initial)  
 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 VP-PF-Insurance Operation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-450887**  
 Amount of Each Receipt this Period  
 45.68

**C. JOHN K WILCOX**  
 Full Name (Last, First, Middle Initial)  
 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 VP-PF-Insurance Operation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 272.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526568**  
 Amount of Each Receipt this Period  
 46.35

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	129.37
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JEFFREY W WILLIAMS</b>		Date of Receipt MM / DD / YYYY 03 / 07 / 2014 <b>Transaction ID : A2014-450902</b>
Mailing Address 7104 CHARDON COURT		Amount of Each Receipt this Period 45.30
City CLARKSVILLE	State MD	Zip Code 21029
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Corporate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.70	

Full Name (Last, First, Middle Initial) <b>B. JEFFREY W WILLIAMS</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2014 <b>Transaction ID : A2014-526583</b>
Mailing Address 7104 CHARDON COURT		Amount of Each Receipt this Period 45.75
City CLARKSVILLE	State MD	Zip Code 21029
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Corporate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.45	

Full Name (Last, First, Middle Initial) <b>C. THOMAS J WILSON</b>		Date of Receipt MM / DD / YYYY 03 / 07 / 2014 <b>Transaction ID : A2014-450982</b>
Mailing Address 2024 N. MOHAWK		Amount of Each Receipt this Period 259.62
City CHICAGO	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.02	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. THOMAS J WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2024 N. MOHAWK  
 City CHICAGO State IL Zip Code 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 ▼ 1540.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526664**  
 Amount of Each Receipt this Period  
 265.38

**B. Matthew E Winter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 Ferncliff Drive  
 City West Hartford State CT Zip Code 06117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation EVP-PC-Pres Auto Home &  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 867.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014  
**Transaction ID : A2014-451065**  
 Amount of Each Receipt this Period  
 175.38

**C. Matthew E Winter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 Ferncliff Drive  
 City West Hartford State CT Zip Code 06117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation EVP-PC-Pres Auto Home &  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1045.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : A2014-526745**  
 Amount of Each Receipt this Period  
 177.69

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	618.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ANGELA K WOIROL**  
Full Name (Last, First, Middle Initial)

Mailing Address 28616 Sky Crest Dr

City Ivanhoe State IL Zip Code 60060

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 ▼ **204.14**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : A2014-451010**

Amount of Each Receipt this Period  
**41.34**

**B. ANGELA K WOIROL**  
Full Name (Last, First, Middle Initial)

Mailing Address 28616 Sky Crest Dr

City Ivanhoe State IL Zip Code 60060

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 ▼ **246.13**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A2014-526692**

Amount of Each Receipt this Period  
**41.99**

**C. FLOYD M YAGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1610 BIRCH LANE

City PARK RIDGE State IL Zip Code 60068

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

Name of Employer Allstate Insurance Company Occupation SVP-AP-Chief Data Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.64**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : A2014-450926**

Amount of Each Receipt this Period  
**63.40**

**SUBTOTAL** of Receipts This Page (optional)..... **146.73**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. FLOYD M YAGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 BIRCH LANE  
 City State Zip Code  
 PARK RIDGE IL 60068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-AP-Chief Data Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**377.13**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**  
**Transaction ID : A2014-526608**  
 Amount of Each Receipt this Period  
**64.49**

**B. MARY E ZAGORSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2609 N PINE AVE  
 City State Zip Code  
 ARLINGTON HEIGHTS IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company PMO Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**214.59**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 07 / 2014**  
**Transaction ID : A2014-450924**  
 Amount of Each Receipt this Period  
**43.51**

**C. MARY E ZAGORSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2609 N PINE AVE  
 City State Zip Code  
 ARLINGTON HEIGHTS IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company PMO Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**258.85**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 21 / 2014**  
**Transaction ID : A2014-526606**  
 Amount of Each Receipt this Period  
**44.26**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>152.26</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 82
	<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. GERALD L ZIMMERMAN JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2584 Sutton Lane  
 City AURORA State IL Zip Code 60502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 373.55

Date of Receipt 03 / 07 / 2014  
**Transaction ID : A2014-450991**  
 Amount of Each Receipt this Period 75.31

**B. GERALD L ZIMMERMAN JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2584 Sutton Lane  
 City AURORA State IL Zip Code 60502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 449.60

Date of Receipt 03 / 21 / 2014  
**Transaction ID : A2014-526673**  
 Amount of Each Receipt this Period 76.05

**C. CARLA A ZUNIGA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2189 N. BEAVER CREEK DRIVE  
 City VERNON HILLS State IL Zip Code 60061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-ATO-Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 237.70

Date of Receipt 03 / 07 / 2014  
**Transaction ID : A2014-451028**  
 Amount of Each Receipt this Period 48.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 199.66  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 75 OF 82  
(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. CARLA A ZUNIGA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2189 N. BEAVER CREEK DRIVE  
City VERNON HILLS State IL Zip Code 60061  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation SVP-ATO-Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 286.95

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2014  
**Transaction ID : A2014-526709**  
Amount of Each Receipt this Period  
49.25

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	49.25
<b>TOTAL</b> This Period (last page this line number only).....▶	12176.31

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

### A. Fifth Third Bank

Mailing Address 346 West Carol Lane

City Elmhurst State IL Zip Code 60062

Purpose of Disbursement  
Service Charge

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2014

Transaction ID : B494255

Amount of Each Disbursement this Period

85.23
-------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

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

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

85.23
-------

85.23
-------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Terri Sewell for Congress**

Mailing Address 499 S. Capitol St. SW Suite 404

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Terri Sewell**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AL District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	4

Transaction ID : B488603

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Juan Vargas for Congress**

Mailing Address 3914 Barcroft Mews Court

City Falls Church State VA Zip Code 22041

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Juan Vargas**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 51

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	4

Transaction ID : B492632

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends of Cheri Bustos**

Mailing Address 3701 Porter Street NW

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Cheri Bustos**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 17

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	4

Transaction ID : B488604

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

2	2	5	0	0	0	0	0	0	0


**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Schock for Congress**

Mailing Address 1301 K Street NW Suite 1050 East

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

011

Candidate Name

**Aaron Schock**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2014

**Transaction ID : B488607**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Randy Hultgren for Congress**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Contribution

011

Candidate Name

**Randy Hultgren**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2014

**Transaction ID : B489114**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Schock for Congress**

Mailing Address 1301 K Street NW Suite 1050 East

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

011

Candidate Name

**Aaron Schock**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2014

**Transaction ID : B489115**

Amount of Each Disbursement this Period

1000.00

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

2500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Roskam for Congress**

Mailing Address P.O. Box 713

City State Zip Code  
Wheaton IL 60189

Purpose of Disbursement  
Contribution

011

Candidate Name

**Peter J Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2014

**Transaction ID : B489951**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dan Lipinski for Congress**

Mailing Address P.O. Box 520

City State Zip Code  
Western Springs IL 60558

Purpose of Disbursement  
Contribution

011

Candidate Name

**Daniel Lipinski**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2014

**Transaction ID : B492635**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Volunteers for Shimkus**

Mailing Address 499 S. Capitol St. SW Suite 420

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**John M Shimkus**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 15

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2014

**Transaction ID : B492634**

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Blaine for Congress 2014**

Mailing Address 217 Third Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Blaine Luetkemeyer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

**Transaction ID : B489110**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Grimm For Congress**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Contribution

011

Candidate Name

**Michael Grimm**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	4

**Transaction ID : B488606**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Boehner for Speaker**

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	4

**Transaction ID : B488608**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Texans for Lamar Smith**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Contribution

011

Candidate Name

**Lamar S Smith**

Category/Type

Office Sought:  House  Senate  President  
State: TX District: 21

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2014

**Transaction ID : B488605**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. ORRINPAC**

Mailing Address P.O. Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement Contribution

011

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  Other (specify) ▼  
Not Applicable

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2014

**Transaction ID : B488918**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Mark Warner**

Mailing Address 10 G Street NE Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Candidate Name

**Mark Warner**

Category/Type

Office Sought:  House  Senate  President  
State: VA District:

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2014

**Transaction ID : B492631**

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)..... ▶

15250.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Friends of Jake Corman**

Mailing Address P.O. Box 13053

City Harrisburg State PA Zip Code 17110

Purpose of Disbursement  
P-2014 State Senate 34 PA

011

Candidate Name  
**Jacob D Corman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 34

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2014

**Transaction ID : B488602**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Joe Scarnati**

Mailing Address P.O. Box 33

City Youngsville State PA Zip Code 16371

Purpose of Disbursement  
P-2016 State Senate 25 PA

011

Candidate Name  
**Joseph B Scarnati III**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 25

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 24 / 2014

**Transaction ID : B490167**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2000.00

2000.00