



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/>	<input type="text" value="36833.08"/>	<input type="text" value="36833.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="63516.71"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="31690.80"/>	<input type="text" value="234536.63"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="95207.51"/>	<input type="text" value="271369.71"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23257.88"/>	<input type="text" value="199420.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="71949.63"/>	<input type="text" value="71949.63"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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)

Page 3

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).....	30348.98	176870.08
(ii) Unitemized .....	1341.82	57666.55
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	31690.80	234536.63
(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) .....	31690.80	234536.63
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))..... ▶	31690.80	234536.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	31690.80	234536.63

**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 .....	107.88	1060.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	107.88	1060.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	158500.00
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 .....	8650.00	39860.00
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)) ..	23257.88	199420.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23257.88	199420.08

**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) .....	31690.80	234536.63
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31690.80	234536.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	107.88	1060.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	107.88	1060.08

**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 286  
(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**

Full Name (Last, First, Middle Initial)  
**A. REBECCA A ABEL**  
 Mailing Address 657 CORAL COURT  
 City State Zip Code  
 LINDENHURST IL 60046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Claims-Field Leadership C  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 516.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230576**  
 Amount of Each Receipt this Period  
 26.18

Full Name (Last, First, Middle Initial)  
**B. REBECCA A ABEL**  
 Mailing Address 657 CORAL COURT  
 City State Zip Code  
 LINDENHURST IL 60046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Claims-Field Leadership C  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 543.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357048**  
 Amount of Each Receipt this Period  
 26.18

Full Name (Last, First, Middle Initial)  
**C. REBECCA A ABEL**  
 Mailing Address 657 CORAL COURT  
 City State Zip Code  
 LINDENHURST IL 60046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Claims-Field Leadership C  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 569.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403191**  
 Amount of Each Receipt this Period  
 26.18

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.54  
**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: PAGE 8 OF 286  
(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. MICHAEL W AGAR**

Mailing Address 200 W MILL VALLEY DR

City State Zip Code  
 COLLEYVILLE TX 76034

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

Name of Employer Occupation  
 Allstate Insurance Company ATO-Service Manager-Exp

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 336.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230519**

Amount of Each Receipt this Period  
 16.84

Full Name (Last, First, Middle Initial)  
**B. MICHAEL W AGAR**

Mailing Address 200 W MILL VALLEY DR

City State Zip Code  
 COLLEYVILLE TX 76034

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

Name of Employer Occupation  
 Allstate Insurance Company ATO-Service Manager-Exp

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 352.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356991**

Amount of Each Receipt this Period  
 16.84

Full Name (Last, First, Middle Initial)  
**C. MICHAEL W AGAR**

Mailing Address 200 W MILL VALLEY DR

City State Zip Code  
 COLLEYVILLE TX 76034

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

Name of Employer Occupation  
 Allstate Insurance Company ATO-Service Manager-Exp

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 369.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403133**

Amount of Each Receipt this Period  
 16.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.52

**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 9 OF 286  
(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. DENIS BAILEY**

Mailing Address 8316 E. Tailfeather Dr

City State Zip Code  
 Scottsdale AZ 85255

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **469.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230353**

Amount of Each Receipt this Period  
**23.55**

Full Name (Last, First, Middle Initial)  
**B. DENIS BAILEY**

Mailing Address 8316 E. Tailfeather Dr

City State Zip Code  
 Scottsdale AZ 85255

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **493.25**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2356827**

Amount of Each Receipt this Period  
**23.55**

Full Name (Last, First, Middle Initial)  
**C. DENIS BAILEY**

Mailing Address 8316 E. Tailfeather Dr

City State Zip Code  
 Scottsdale AZ 85255

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **516.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2402968**

Amount of Each Receipt this Period  
**23.55**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **70.65**

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

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

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

FOR LINE NUMBER: PAGE 10 OF 286  
(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. ALEXANDRA BALATSOUKAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1225 W. Morse Unit 508  
 City Chicago State IL Zip Code 60626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 682.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230523**  
 Amount of Each Receipt this Period  
 34.36

**B. ALEXANDRA BALATSOUKAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1225 W. Morse Unit 508  
 City Chicago State IL Zip Code 60626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 717.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356995**  
 Amount of Each Receipt this Period  
 34.36

**C. ALEXANDRA BALATSOUKAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1225 W. Morse Unit 508  
 City Chicago State IL Zip Code 60626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 751.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403137**  
 Amount of Each Receipt this Period  
 34.36

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 103.08  
**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 11 OF 286  
(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. WILLIAM P BALLINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 Tournament Dr N  
 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-PO-Chief Underwriter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 871.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230394**  
 Amount of Each Receipt this Period  
 58.00

**B. WILLIAM P BALLINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 Tournament Dr N  
 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-PO-Chief Underwriter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 929.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356868**  
 Amount of Each Receipt this Period  
 58.00

**C. WILLIAM P BALLINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 Tournament Dr N  
 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-PO-Chief Underwriter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 987.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403009**  
 Amount of Each Receipt this Period  
 58.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 174.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 12 OF 286  
(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. PHILLIP W BANET**

Mailing Address 1975 Merlot Ct

City Wheeling State IL Zip Code 60090

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

Name of Employer Allstate Insurance Company Occupation PIM-Actuary-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **870.40**

Date of Receipt  
**10 / 02 / 2015**  
**Transaction ID : A2015-2230420**

Amount of Each Receipt this Period  
**43.90**

Full Name (Last, First, Middle Initial)  
**B. PHILLIP W BANET**

Mailing Address 1975 Merlot Ct

City Wheeling State IL Zip Code 60090

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

Name of Employer Allstate Insurance Company Occupation PIM-Actuary-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **914.30**

Date of Receipt  
**10 / 16 / 2015**  
**Transaction ID : A2015-2356893**

Amount of Each Receipt this Period  
**43.90**

Full Name (Last, First, Middle Initial)  
**C. PHILLIP W BANET**

Mailing Address 1975 Merlot Ct

City Wheeling State IL Zip Code 60090

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

Name of Employer Allstate Insurance Company Occupation PIM-Actuary-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **958.20**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : A2015-2403035**

Amount of Each Receipt this Period  
**43.90**

**SUBTOTAL** of Receipts This Page (optional)..... ► **131.70**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 286
	<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. ROBERT K BECKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Greensview Lane

City State Zip Code  
Scotch Plains NJ 07076

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
611.25

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2015  
**Transaction ID : A2015-2230366**

Amount of Each Receipt this Period  
30.63

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

Mailing Address 5 Greensview Lane

City State Zip Code  
Scotch Plains NJ 07076

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
641.88

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2015  
**Transaction ID : A2015-2356840**

Amount of Each Receipt this Period  
30.63

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

Mailing Address 5 Greensview Lane

City State Zip Code  
Scotch Plains NJ 07076

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
672.51

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : A2015-2402981**

Amount of Each Receipt this Period  
30.63

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.89
<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 14 OF 286  
(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. DWAYNE A BELL**

Mailing Address 309 YORK DRIVE

City State Zip Code  
 GRAYSLAKE IL 60030

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

Name of Employer Occupation  
 Allstate Insurance Company CE-Strategic Operations-E

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 266.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015

**Transaction ID : A2015-2230528**

Amount of Each Receipt this Period  
 14.01

Full Name (Last, First, Middle Initial)  
**B. DWAYNE A BELL**

Mailing Address 309 YORK DRIVE

City State Zip Code  
 GRAYSLAKE IL 60030

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

Name of Employer Occupation  
 Allstate Insurance Company CE-Strategic Operations-E

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : A2015-2357000**

Amount of Each Receipt this Period  
 14.01

Full Name (Last, First, Middle Initial)  
**C. DWAYNE A BELL**

Mailing Address 309 YORK DRIVE

City State Zip Code  
 GRAYSLAKE IL 60030

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

Name of Employer Occupation  
 Allstate Insurance Company CE-Strategic Operations-E

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 294.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015

**Transaction ID : A2015-2403142**

Amount of Each Receipt this Period  
 14.01

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 42.03

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

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

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

FOR LINE NUMBER: PAGE 15 OF 286  
(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. DIANE BELLAS**

Mailing Address 1402 N. Illinois Avenue

City State Zip Code  
 Arlington Heights IL 60004

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

Name of Employer Occupation  
 Allstate Insurance Company FSS-Accounting Research-D

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 464.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230448**

Amount of Each Receipt this Period  
 23.31

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

Mailing Address 1402 N. Illinois Avenue

City State Zip Code  
 Arlington Heights IL 60004

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

Name of Employer Occupation  
 Allstate Insurance Company FSS-Accounting Research-D

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 487.49

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356921**

Amount of Each Receipt this Period  
 23.31

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

Mailing Address 1402 N. Illinois Avenue

City State Zip Code  
 Arlington Heights IL 60004

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

Name of Employer Occupation  
 Allstate Insurance Company FSS-Accounting Research-D

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 510.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403063**

Amount of Each Receipt this Period  
 23.31

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 69.93

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

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

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

FOR LINE NUMBER: PAGE 16 OF 286  
(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. 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 ATO-Architect-Sr Exp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.27

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230490**  
 Amount of Each Receipt this Period  
 37.88

**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 ATO-Architect-Sr Exp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 792.15

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356962**  
 Amount of Each Receipt this Period  
 37.88

**C. 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 ATO-Architect-Sr Exp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 830.03

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403104**  
 Amount of Each Receipt this Period  
 37.88

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 113.64  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 17 OF 286  
(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**

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

Mailing Address 7533 WHITLOCK PLACE

City State Zip Code  
LINCOLN NE 68516

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

Name of Employer Occupation  
Allstate Insurance Company ALR-Cust Fulfillment-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
406.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230492**

Amount of Each Receipt this Period  
20.45

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

Mailing Address 7533 WHITLOCK PLACE

City State Zip Code  
LINCOLN NE 68516

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

Name of Employer Occupation  
Allstate Insurance Company ALR-Cust Fulfillment-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
426.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356964**

Amount of Each Receipt this Period  
20.45

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

Mailing Address 7533 WHITLOCK PLACE

City State Zip Code  
LINCOLN NE 68516

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

Name of Employer Occupation  
Allstate Insurance Company ALR-Cust Fulfillment-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
447.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403106**

Amount of Each Receipt this Period  
20.45

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 61.35

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

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

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

FOR LINE NUMBER: PAGE 18 OF 286  
(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. SUSAN F BOMBECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 506 Blackhawk Ct  
 City Loomis State CA Zip Code 95650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 334.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230577**  
 Amount of Each Receipt this Period  
 16.85

**B. SUSAN F BOMBECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 506 Blackhawk Ct  
 City Loomis State CA Zip Code 95650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357049**  
 Amount of Each Receipt this Period  
 16.85

**C. SUSAN F BOMBECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 506 Blackhawk Ct  
 City Loomis State CA Zip Code 95650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 367.77

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403192**  
 Amount of Each Receipt this Period  
 16.85

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.55  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 286
	<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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. DOUGLAS L BORG</b>		Date of Receipt
Mailing Address 11988 Crafton Hills Crt		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
Yucaipa	CA	92399
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2015-2230572</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="33.49"/>
Name of Employer	Occupation	
Allstate Insurance Company	ABD-Financial Sales Consu	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="669.80"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DOUGLAS L BORG</b>		Date of Receipt
Mailing Address 11988 Crafton Hills Crt		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
Yucaipa	CA	92399
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2015-2357044</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="33.49"/>
Name of Employer	Occupation	
Allstate Insurance Company	ABD-Financial Sales Consu	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="703.29"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DOUGLAS L BORG</b>		Date of Receipt
Mailing Address 11988 Crafton Hills Crt		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Yucaipa	CA	92399
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2015-2403187</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="33.49"/>
Name of Employer	Occupation	
Allstate Insurance Company	ABD-Financial Sales Consu	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="736.78"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="100.47"/>
<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 20 OF 286  
(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. WILLIAM B BORST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 827 N. HADDOW AVENUE  
 City ARLINGTON HTS State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-AB2B-Head of Strategic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **647.77**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230447**  
 Amount of Each Receipt this Period  
**32.60**

**B. WILLIAM B BORST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 827 N. HADDOW AVENUE  
 City ARLINGTON HTS State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-AB2B-Head of Strategic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **680.37**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356920**  
 Amount of Each Receipt this Period  
**32.60**

**C. WILLIAM B BORST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 827 N. HADDOW AVENUE  
 City ARLINGTON HTS State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-AB2B-Head of Strategic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **712.97**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403062**  
 Amount of Each Receipt this Period  
**32.60**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **97.80**  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 21 OF 286  
(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. GWEN K BOWN**  
 Mailing Address 5220 SAWGRASS DR.  
 City State Zip Code  
 LINCOLN NE 68526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Manager-Sr Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 348.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230557**  
 Amount of Each Receipt this Period  
 17.50

Full Name (Last, First, Middle Initial)  
**B. GWEN K BOWN**  
 Mailing Address 5220 SAWGRASS DR.  
 City State Zip Code  
 LINCOLN NE 68526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Manager-Sr Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357029**  
 Amount of Each Receipt this Period  
 17.50

Full Name (Last, First, Middle Initial)  
**C. GWEN K BOWN**  
 Mailing Address 5220 SAWGRASS DR.  
 City State Zip Code  
 LINCOLN NE 68526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Manager-Sr Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 383.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403171**  
 Amount of Each Receipt this Period  
 17.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 52.50  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 22 OF 286  
(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. 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 VP-ABD-Field Vice Preside  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **825.93**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230562**  
 Amount of Each Receipt this Period  
**43.29**

**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 VP-ABD-Field Vice Preside  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **869.22**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357034**  
 Amount of Each Receipt this Period  
**43.29**

**C. 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 VP-ABD-Field Vice Preside  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **912.51**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403176**  
 Amount of Each Receipt this Period  
**43.29**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **129.87**  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 23 OF 286  
(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. DUDLEY R BRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18135 W MEANDER DR  
 City State Zip Code  
 GRAYSLAKE IL 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company PF-Fin Analysis-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 435.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230388**  
 Amount of Each Receipt this Period  
 21.84

**B. DUDLEY R BRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18135 W MEANDER DR  
 City State Zip Code  
 GRAYSLAKE IL 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company PF-Fin Analysis-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 457.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356862**  
 Amount of Each Receipt this Period  
 21.84

**C. DUDLEY R BRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18135 W MEANDER DR  
 City State Zip Code  
 GRAYSLAKE IL 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company PF-Fin Analysis-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 479.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403003**  
 Amount of Each Receipt this Period  
 21.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.52  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 286
	<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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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. SHAWN L BROADFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1044 APPLE BLOSSOM COURT  
 City LAKE ZURICH State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-CLAIMS-Technical Execu  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1102.49

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230452**  
 Amount of Each Receipt this Period  
 55.57

**B. SHAWN L BROADFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1044 APPLE BLOSSOM COURT  
 City LAKE ZURICH State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-CLAIMS-Technical Execu  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1158.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356925**  
 Amount of Each Receipt this Period  
 55.57

**C. SHAWN L BROADFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1044 APPLE BLOSSOM COURT  
 City LAKE ZURICH State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-CLAIMS-Technical Execu  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1213.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403067**  
 Amount of Each Receipt this Period  
 55.57

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.71
<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 286
	<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. PAMELA S BROWN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5886 TEAL LANE

City LONG GROVE State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation L&R-Investment Attorney-T

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230515**

Amount of Each Receipt this Period  
**21.63**

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

Mailing Address 5886 TEAL LANE

City LONG GROVE State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation L&R-Investment Attorney-T

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **451.39**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356987**

Amount of Each Receipt this Period  
**21.63**

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

Mailing Address 5886 TEAL LANE

City LONG GROVE State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation L&R-Investment Attorney-T

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **473.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403129**

Amount of Each Receipt this Period  
**21.63**

**SUBTOTAL** of Receipts This Page (optional)..... **64.89**

**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: (check only one)	PAGE 26 OF 286
	<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. JOHN E BUCHANAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 26 W. 690 LINDSEY AVE.

City WINFIELD	State IL	Zip Code 60190
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation L&R-Ins Ops Attorney-Dir
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.45**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230507**

Amount of Each Receipt this Period  

18.78
-------

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

Mailing Address 26 W. 690 LINDSEY AVE.

City WINFIELD	State IL	Zip Code 60190
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation L&R-Ins Ops Attorney-Dir
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **391.23**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356979**

Amount of Each Receipt this Period  

18.78
-------

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

Mailing Address 26 W. 690 LINDSEY AVE.

City WINFIELD	State IL	Zip Code 60190
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation L&R-Ins Ops Attorney-Dir
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.01**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403121**

Amount of Each Receipt this Period  

18.78
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>56.34</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 27 OF 286  
(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. CHERI M BUCKLEY**

Mailing Address 249 S. OLD CREEK RD

City State Zip Code  
 VERNON HILLS IL 60061

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 272.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230512**

Amount of Each Receipt this Period  
 13.67

Full Name (Last, First, Middle Initial)  
**B. CHERI M BUCKLEY**

Mailing Address 249 S. OLD CREEK RD

City State Zip Code  
 VERNON HILLS IL 60061

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 286.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356984**

Amount of Each Receipt this Period  
 13.67

Full Name (Last, First, Middle Initial)  
**C. CHERI M BUCKLEY**

Mailing Address 249 S. OLD CREEK RD

City State Zip Code  
 VERNON HILLS IL 60061

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 299.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403126**

Amount of Each Receipt this Period  
 13.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 41.01

**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 28 OF 286
	<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 BUKOWY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1077 Devon Drive

City Antioch	State IL	Zip Code 60002
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.47**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230450**

Amount of Each Receipt this Period  

17.10
-------

**B. MARK L BUKOWY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1077 Devon Drive

City Antioch	State IL	Zip Code 60002
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **357.57**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356923**

Amount of Each Receipt this Period  

17.10
-------

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

Mailing Address 1077 Devon Drive

City Antioch	State IL	Zip Code 60002
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.67**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403065**

Amount of Each Receipt this Period  

17.10
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>51.30</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 29 OF 286
	<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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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. TYRONE A BURNO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 868 CHARLTON ROAD  
 City LAKE VILLA State IL Zip Code 60046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation HR-Workforce Relations-Di  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230385**  
 Amount of Each Receipt this Period  
 18.05

**B. TYRONE A BURNO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 868 CHARLTON ROAD  
 City LAKE VILLA State IL Zip Code 60046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation HR-Workforce Relations-Di  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 376.03

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356859**  
 Amount of Each Receipt this Period  
 18.05

**C. TYRONE A BURNO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 868 CHARLTON ROAD  
 City LAKE VILLA State IL Zip Code 60046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation HR-Workforce Relations-Di  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 394.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403000**  
 Amount of Each Receipt this Period  
 18.05

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	54.15
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 286  
(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 BURNS**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 1200.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230381**  
 Amount of Each Receipt this Period  
 60.35

**B. GREGORY C BURNS**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 1260.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356855**  
 Amount of Each Receipt this Period  
 60.35

**C. GREGORY C BURNS**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 1320.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402996**  
 Amount of Each Receipt this Period  
 60.35

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 181.05  
**TOTAL** This Period (last page this line 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 286
	<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. 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-ABD-Field Senior Vice  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.86

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230535**  
 Amount of Each Receipt this Period  
 94.81

**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-ABD-Field Senior Vice  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1970.67

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357007**  
 Amount of Each Receipt this Period  
 94.81

**C. 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-ABD-Field Senior Vice  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2065.48

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403149**  
 Amount of Each Receipt this Period  
 94.81

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	284.43
<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 32 OF 286  
(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. Alfredo M Cantoral**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1960 Clyde Dr  
 City Naperville State IL Zip Code 60565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-Investment Attorney-E  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.06

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230614**  
 Amount of Each Receipt this Period  
 27.80

**B. Alfredo M Cantoral**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1960 Clyde Dr  
 City Naperville State IL Zip Code 60565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-Investment Attorney-E  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.86

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357086**  
 Amount of Each Receipt this Period  
 27.80

**C. Alfredo M Cantoral**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1960 Clyde Dr  
 City Naperville State IL Zip Code 60565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-Investment Attorney-E  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 605.66

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403229**  
 Amount of Each Receipt this Period  
 27.80

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 83.40  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 33 OF 286  
(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. Michael Capuzzi**  
 Mailing Address 2630 W. Winona Street  
 City State Zip Code  
 Chicago IL 60625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-CLAIMS-Regional Claim  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 623.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230628**  
 Amount of Each Receipt this Period  
 41.54

Full Name (Last, First, Middle Initial)  
**B. Michael Capuzzi**  
 Mailing Address 2630 W. Winona Street  
 City State Zip Code  
 Chicago IL 60625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-CLAIMS-Regional Claim  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 664.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357100**  
 Amount of Each Receipt this Period  
 41.54

Full Name (Last, First, Middle Initial)  
**C. Michael Capuzzi**  
 Mailing Address 2630 W. Winona Street  
 City State Zip Code  
 Chicago IL 60625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-CLAIMS-Regional Claim  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 706.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403243**  
 Amount of Each Receipt this Period  
 41.54

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 124.62  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 34 OF 286  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. MARIANNE K CARL**

Mailing Address 860 Morningside 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 L&R-Gov & Ind Rel Attorne
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.54

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230594**

Amount of Each Receipt this Period  
12.43

Full Name (Last, First, Middle Initial)  
**B. MARIANNE K CARL**

Mailing Address 860 Morningside 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 L&R-Gov & Ind Rel Attorne
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2357066**

Amount of Each Receipt this Period  
12.43

Full Name (Last, First, Middle Initial)  
**C. MARIANNE K CARL**

Mailing Address 860 Morningside 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 L&R-Gov & Ind Rel Attorne
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403209**

Amount of Each Receipt this Period  
12.43

<b>SUBTOTAL</b> of Receipts This Page (optional).....	37.29
<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 35 OF 286  
(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. VIRGINIA O CHIAPPETTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 ARLINGTON AVE  
 City State Zip Code  
 ELMHURST IL 60126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Communications-Sr Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 395.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230495**  
 Amount of Each Receipt this Period  
 22.13

**B. VIRGINIA O CHIAPPETTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 ARLINGTON AVE  
 City State Zip Code  
 ELMHURST IL 60126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Communications-Sr Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 417.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356967**  
 Amount of Each Receipt this Period  
 22.13

**C. VIRGINIA O CHIAPPETTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 ARLINGTON AVE  
 City State Zip Code  
 ELMHURST IL 60126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Communications-Sr Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 439.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403109**  
 Amount of Each Receipt this Period  
 22.13

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 66.39  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 37 OF 286  
(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. EDWARD T CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9484 Ashford Place  
 City State Zip Code  
 Brentwood TN 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-ABD-Field Vice Preside  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 634.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230500**  
 Amount of Each Receipt this Period  
 32.00

**B. EDWARD T CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9484 Ashford Place  
 City State Zip Code  
 Brentwood TN 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-ABD-Field Vice Preside  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 666.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356972**  
 Amount of Each Receipt this Period  
 32.00

**C. EDWARD T CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9484 Ashford Place  
 City State Zip Code  
 Brentwood TN 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-ABD-Field Vice Preside  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 698.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403114**  
 Amount of Each Receipt this Period  
 32.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 96.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 286
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 258 FOXFORD DR

City CARY State IL Zip Code 60013

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

Name of Employer Allstate Insurance Company Occupation L&R-Ins Ops Attorney-Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **388.15**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230522**

Amount of Each Receipt this Period  
**20.61**

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

Mailing Address 258 FOXFORD DR

City CARY State IL Zip Code 60013

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

Name of Employer Allstate Insurance Company Occupation L&R-Ins Ops Attorney-Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **408.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2356994**

Amount of Each Receipt this Period  
**20.61**

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

Mailing Address 258 FOXFORD DR

City CARY State IL Zip Code 60013

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

Name of Employer Allstate Insurance Company Occupation L&R-Ins Ops Attorney-Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.37**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2403136**

Amount of Each Receipt this Period  
**20.61**

**SUBTOTAL** of Receipts This Page (optional)..... **61.83**

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

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

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

FOR LINE NUMBER: PAGE 39 OF 286  
(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. 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 L&R-Gov & Ind Rel Attorne  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **747.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**  
**Transaction ID : A2015-2230592**  
 Amount of Each Receipt this Period  
**37.55**

**B. 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 L&R-Gov & Ind Rel Attorne  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **785.54**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**  
**Transaction ID : A2015-2357064**  
 Amount of Each Receipt this Period  
**37.55**

**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 L&R-Gov & Ind Rel Attorne  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **823.09**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**  
**Transaction ID : A2015-2403207**  
 Amount of Each Receipt this Period  
**37.55**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **112.65**  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 40 OF 286  
(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. DEBORAH L CLOUSER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4667 TAMWORTH DR  
 City State Zip Code  
 PALM HARBOR FL 34685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Mktg-Regional Field-Sr Mg  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 688.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230498**  
 Amount of Each Receipt this Period  
 34.75

**B. DEBORAH L CLOUSER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4667 TAMWORTH DR  
 City State Zip Code  
 PALM HARBOR FL 34685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Mktg-Regional Field-Sr Mg  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 723.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356970**  
 Amount of Each Receipt this Period  
 34.75

**C. DEBORAH L CLOUSER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4667 TAMWORTH DR  
 City State Zip Code  
 PALM HARBOR FL 34685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Mktg-Regional Field-Sr Mg  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 758.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403112**  
 Amount of Each Receipt this Period  
 34.75

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 104.25  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 286
	<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. LISA D COCHRANE**  
Full Name (Last, First, Middle Initial)

Mailing Address 270 FAIRVIEW AVENUE

City WINNETKA State IL Zip Code 84744-1533

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

Name of Employer Allstate Insurance Company Occupation SVP-MKTG-Integrated Commu

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **782.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230476**

Amount of Each Receipt this Period  
**39.13**

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

Mailing Address 270 FAIRVIEW AVENUE

City WINNETKA State IL Zip Code 84744-1533

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

Name of Employer Allstate Insurance Company Occupation SVP-MKTG-Integrated Commu

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **821.73**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356948**

Amount of Each Receipt this Period  
**39.13**

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

Mailing Address 270 FAIRVIEW AVENUE

City WINNETKA State IL Zip Code 84744-1533

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

Name of Employer Allstate Insurance Company Occupation SVP-MKTG-Integrated Commu

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **860.86**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403090**

Amount of Each Receipt this Period  
**39.13**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **117.39**

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

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

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

FOR LINE NUMBER: PAGE 42 OF 286  
(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. PATRICK E COCHRANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6911 Brimstone Lane  
 City State Zip Code  
 Fairfax Station VA 22039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company HR-Client Partner Field B  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 347.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230401**  
 Amount of Each Receipt this Period  
 17.47

**B. PATRICK E COCHRANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6911 Brimstone Lane  
 City State Zip Code  
 Fairfax Station VA 22039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company HR-Client Partner Field B  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 364.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356875**  
 Amount of Each Receipt this Period  
 17.47

**C. PATRICK E COCHRANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6911 Brimstone Lane  
 City State Zip Code  
 Fairfax Station VA 22039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company HR-Client Partner Field B  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 382.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403016**  
 Amount of Each Receipt this Period  
 17.47

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 52.41  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 286
	<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. PATRICIA A COFFEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21200 W. KEPWICK

City KILDEER	State IL	Zip Code 60047
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-ATSV-Delivery & Risk
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **732.78**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230479**

Amount of Each Receipt this Period  

36.72
-------

**B. PATRICIA A COFFEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21200 W. KEPWICK

City KILDEER	State IL	Zip Code 60047
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-ATSV-Delivery & Risk
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356951**

Amount of Each Receipt this Period  

36.72
-------

**C. PATRICIA A COFFEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21200 W. KEPWICK

City KILDEER	State IL	Zip Code 60047
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-ATSV-Delivery & Risk
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **806.22**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403093**

Amount of Each Receipt this Period  

36.72
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>110.16</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 44 OF 286
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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-L&R-Public Policy Deve  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1066.61

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230444**  
 Amount of Each Receipt this Period  
 53.74

**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-L&R-Public Policy Deve  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1120.35

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356917**  
 Amount of Each Receipt this Period  
 53.74

**C. 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-L&R-Public Policy Deve  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1174.09

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403059**  
 Amount of Each Receipt this Period  
 53.74

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	161.22
<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 45 OF 286  
(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. LARRY K CONLEE**

Mailing Address 363 Kensington Ct.

City Palatine State IL Zip Code 60067

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

Name of Employer Allstate Insurance Company Occupation PO-Actuary-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **433.87**

Date of Receipt  
**10 / 02 / 2015**  
**Transaction ID : A2015-2230466**

Amount of Each Receipt this Period  
**21.79**

Full Name (Last, First, Middle Initial)  
**B. LARRY K CONLEE**

Mailing Address 363 Kensington Ct.

City Palatine State IL Zip Code 60067

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

Name of Employer Allstate Insurance Company Occupation PO-Actuary-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.66**

Date of Receipt  
**10 / 16 / 2015**  
**Transaction ID : A2015-2356938**

Amount of Each Receipt this Period  
**21.79**

Full Name (Last, First, Middle Initial)  
**C. LARRY K CONLEE**

Mailing Address 363 Kensington Ct.

City Palatine State IL Zip Code 60067

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

Name of Employer Allstate Insurance Company Occupation PO-Actuary-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **477.45**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : A2015-2403080**

Amount of Each Receipt this Period  
**21.79**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **65.37**

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

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

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

FOR LINE NUMBER: PAGE 46 OF 286  
(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. 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-ATSV-Group CIO Person  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1408.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230351**  
 Amount of Each Receipt this Period  
 70.75

**B. 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-ATSV-Group CIO Person  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1479.49

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356825**  
 Amount of Each Receipt this Period  
 70.75

**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-ATSV-Group CIO Person  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1550.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402966**  
 Amount of Each Receipt this Period  
 70.75

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 212.25  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 286
	<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. ERROL CRAMER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1111 SARANAC AVE.  
City NORTHBROOK State IL Zip Code 60062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation VP-AF-Chief Actuary  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **367.36**

Date of Receipt **10 / 02 / 2015**  
**Transaction ID : A2015-2230481**  
Amount of Each Receipt this Period **19.37**

**B. ERROL CRAMER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1111 SARANAC AVE.  
City NORTHBROOK State IL Zip Code 60062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation VP-AF-Chief Actuary  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **386.73**

Date of Receipt **10 / 16 / 2015**  
**Transaction ID : A2015-2356953**  
Amount of Each Receipt this Period **19.37**

**C. ERROL CRAMER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1111 SARANAC AVE.  
City NORTHBROOK State IL Zip Code 60062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation VP-AF-Chief Actuary  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **406.10**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : A2015-2403095**  
Amount of Each Receipt this Period **19.37**

**SUBTOTAL** of Receipts This Page (optional)..... **58.11**  
**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: (check only one)	PAGE 48 OF 286
	<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. Teresa J Dalenta**  
Full Name (Last, First, Middle Initial)  
Mailing Address 528 Cumnor Court

City Deerfield	State IL	Zip Code 60015
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-PO-Product Line Manag
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **767.22**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230623**

Amount of Each Receipt this Period  

40.38
-------

**B. Teresa J Dalenta**  
Full Name (Last, First, Middle Initial)  
Mailing Address 528 Cumnor Court

City Deerfield	State IL	Zip Code 60015
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-PO-Product Line Manag
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.60**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2357095**

Amount of Each Receipt this Period  

40.38
-------

**C. Teresa J Dalenta**  
Full Name (Last, First, Middle Initial)  
Mailing Address 528 Cumnor Court

City Deerfield	State IL	Zip Code 60015
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-PO-Product Line Manag
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **847.98**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403238**

Amount of Each Receipt this Period  

40.38
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>121.14</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 49 OF 286  
(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. JOHN A DAVISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2104 Butternut Ln  
 City NORTHBROOK State IL Zip Code 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-HO Leadership-Sr M  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 388.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230408**  
 Amount of Each Receipt this Period  
 19.60

**B. JOHN A DAVISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2104 Butternut Ln  
 City NORTHBROOK State IL Zip Code 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-HO Leadership-Sr M  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 407.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356881**  
 Amount of Each Receipt this Period  
 19.60

**C. JOHN A DAVISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2104 Butternut Ln  
 City NORTHBROOK State IL Zip Code 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-HO Leadership-Sr M  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 427.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403023**  
 Amount of Each Receipt this Period  
 19.60

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 58.80  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 286
	<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. RANDALL S DECOURSEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1954 Oakwood Dr

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-ABO-Agency Service
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **949.29**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230445**

Amount of Each Receipt this Period  

47.93
-------

**B. RANDALL S DECOURSEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1954 Oakwood Dr

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-ABO-Agency Service
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **997.22**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356918**

Amount of Each Receipt this Period  

47.93
-------

**C. RANDALL S DECOURSEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1954 Oakwood Dr

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-ABO-Agency Service
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1045.15**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403060**

Amount of Each Receipt this Period  

47.93
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>143.79</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 51 OF 286  
(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 F DEIGL**

Mailing Address 453 PRAIRIE

City State Zip Code  
 ELMHURST IL 60126

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

Name of Employer Occupation  
 Allstate Insurance Company VP-PO-Product Vice Presid

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1170.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230511**

Amount of Each Receipt this Period  
 58.91

Full Name (Last, First, Middle Initial)  
**B. JEFFREY F DEIGL**

Mailing Address 453 PRAIRIE

City State Zip Code  
 ELMHURST IL 60126

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

Name of Employer Occupation  
 Allstate Insurance Company VP-PO-Product Vice Presid

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1229.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356983**

Amount of Each Receipt this Period  
 58.91

Full Name (Last, First, Middle Initial)  
**C. JEFFREY F DEIGL**

Mailing Address 453 PRAIRIE

City State Zip Code  
 ELMHURST IL 60126

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

Name of Employer Occupation  
 Allstate Insurance Company VP-PO-Product Vice Presid

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1288.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403125**

Amount of Each Receipt this Period  
 58.91

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 176.73

**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 52 OF 286  
(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. DEIDRE B DERRIG**

Mailing Address 460 TOWER ROAD

City BARRINGTON      State IL      Zip Code 60010

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

Name of Employer Allstate Insurance Company      Occupation L&R-Spcl Ops Attorney-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **467.66**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230493**

Amount of Each Receipt this Period  
**23.50**

Full Name (Last, First, Middle Initial)  
**B. DEIDRE B DERRIG**

Mailing Address 460 TOWER ROAD

City BARRINGTON      State IL      Zip Code 60010

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

Name of Employer Allstate Insurance Company      Occupation L&R-Spcl Ops Attorney-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **491.16**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356965**

Amount of Each Receipt this Period  
**23.50**

Full Name (Last, First, Middle Initial)  
**C. DEIDRE B DERRIG**

Mailing Address 460 TOWER ROAD

City BARRINGTON      State IL      Zip Code 60010

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

Name of Employer Allstate Insurance Company      Occupation L&R-Spcl Ops Attorney-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **514.66**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403107**

Amount of Each Receipt this Period  
**23.50**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **70.50**

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

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

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

FOR LINE NUMBER: PAGE 53 OF 286  
(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. Kristine DiGirolamo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10123 NORTH RIVER ROAD  
 City BARRINGTON HILLS State IL Zip Code 60102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-EthicsComplPriv-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230536**  
 Amount of Each Receipt this Period  
 22.27

**B. Kristine DiGirolamo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10123 NORTH RIVER ROAD  
 City BARRINGTON HILLS State IL Zip Code 60102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-EthicsComplPriv-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 465.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357008**  
 Amount of Each Receipt this Period  
 22.27

**C. Kristine DiGirolamo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10123 NORTH RIVER ROAD  
 City BARRINGTON HILLS State IL Zip Code 60102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-EthicsComplPriv-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 487.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403150**  
 Amount of Each Receipt this Period  
 22.27

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 66.81  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 55 OF 286  
(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**

Full Name (Last, First, Middle Initial)  
**A. BRIAN M DONLAN**

Mailing Address 3806 W. Devon Ave

City State Zip Code  
 Lincolnwood IL 60712

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

Name of Employer Occupation  
 Allstate Insurance Company PO-Actuary-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 439.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230554**

Amount of Each Receipt this Period  
 22.05

Full Name (Last, First, Middle Initial)  
**B. BRIAN M DONLAN**

Mailing Address 3806 W. Devon Ave

City State Zip Code  
 Lincolnwood IL 60712

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

Name of Employer Occupation  
 Allstate Insurance Company PO-Actuary-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 461.57

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357026**

Amount of Each Receipt this Period  
 22.05

Full Name (Last, First, Middle Initial)  
**C. BRIAN M DONLAN**

Mailing Address 3806 W. Devon Ave

City State Zip Code  
 Lincolnwood IL 60712

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

Name of Employer Occupation  
 Allstate Insurance Company PO-Actuary-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 483.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403168**

Amount of Each Receipt this Period  
 22.05

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 66.15

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

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

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

FOR LINE NUMBER: PAGE 56 OF 286  
(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**

Full Name (Last, First, Middle Initial)  
**A. Heather C Dougherty**

Mailing Address 12 Laurel Street

City State Zip Code  
 Rye NY 10580

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

Name of Employer Occupation  
 Allstate Insurance Company ABD-Regional Financial Sa

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **354.51**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230591**

Amount of Each Receipt this Period  
**18.75**

Full Name (Last, First, Middle Initial)  
**B. Heather C Dougherty**

Mailing Address 12 Laurel Street

City State Zip Code  
 Rye NY 10580

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

Name of Employer Occupation  
 Allstate Insurance Company ABD-Regional Financial Sa

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **373.26**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357063**

Amount of Each Receipt this Period  
**18.75**

Full Name (Last, First, Middle Initial)  
**C. Heather C Dougherty**

Mailing Address 12 Laurel Street

City State Zip Code  
 Rye NY 10580

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

Name of Employer Occupation  
 Allstate Insurance Company ABD-Regional Financial Sa

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **392.01**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403206**

Amount of Each Receipt this Period  
**18.75**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **56.25**

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

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

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

FOR LINE NUMBER: PAGE 57 OF 286  
(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. DANIEL C DRESSEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1706 ADLER LANE  
 City MALVERN State PA Zip Code 19355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership-D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 356.36

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230387**  
 Amount of Each Receipt this Period  
 22.77

**B. DANIEL C DRESSEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1706 ADLER LANE  
 City MALVERN State PA Zip Code 19355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership-D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 379.13

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356861**  
 Amount of Each Receipt this Period  
 22.77

**C. DANIEL C DRESSEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1706 ADLER LANE  
 City MALVERN State PA Zip Code 19355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership-D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 401.90

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403002**  
 Amount of Each Receipt this Period  
 22.77

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 68.31  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 58 OF 286  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. PATRICIA B DREXLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 472 W. SYCAMORE ST.  
 City State Zip Code  
 VERNON HILLS IL 60061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company CE-Contact Center Strateg  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 754.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230434**  
 Amount of Each Receipt this Period  
 37.99

**B. PATRICIA B DREXLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 472 W. SYCAMORE ST.  
 City State Zip Code  
 VERNON HILLS IL 60061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company CE-Contact Center Strateg  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 792.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356907**  
 Amount of Each Receipt this Period  
 37.99

**C. PATRICIA B DREXLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 472 W. SYCAMORE ST.  
 City State Zip Code  
 VERNON HILLS IL 60061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company CE-Contact Center Strateg  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 830.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403049**  
 Amount of Each Receipt this Period  
 37.99

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 113.97  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. Stacy Drumtra**

Mailing Address 114 E. Euclid 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 CR-Corporate Comm-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 735.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230598**

Amount of Each Receipt this Period  
 37.08

Full Name (Last, First, Middle Initial)  
**B. Stacy Drumtra**

Mailing Address 114 E. Euclid 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 CR-Corporate Comm-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 773.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357070**

Amount of Each Receipt this Period  
 37.08

Full Name (Last, First, Middle Initial)  
**C. Stacy Drumtra**

Mailing Address 114 E. Euclid 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 CR-Corporate Comm-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 810.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403213**

Amount of Each Receipt this Period  
 37.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 111.24

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

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. SUSAN DUCHAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4815 HIGHLAND AVE.  
 City Downers Grove State IL Zip Code 60515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation CR-Philanthropy-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 319.21

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230588**  
 Amount of Each Receipt this Period  
 16.10

**B. SUSAN DUCHAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4815 HIGHLAND AVE.  
 City Downers Grove State IL Zip Code 60515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation CR-Philanthropy-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.31

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357060**  
 Amount of Each Receipt this Period  
 16.10

**C. SUSAN DUCHAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4815 HIGHLAND AVE.  
 City Downers Grove State IL Zip Code 60515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation CR-Philanthropy-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 351.41

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403203**  
 Amount of Each Receipt this Period  
 16.10

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 48.30  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. DONALD L DUFF**

Mailing Address 2 Washington Ct..

City State Zip Code  
STREAMWOOD IL 60107

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

Name of Employer Occupation  
Allstate Insurance Company ABI-Product Line-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
751.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230433**

Amount of Each Receipt this Period  
 39.13

Full Name (Last, First, Middle Initial)  
**B. DONALD L DUFF**

Mailing Address 2 Washington Ct..

City State Zip Code  
STREAMWOOD IL 60107

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

Name of Employer Occupation  
Allstate Insurance Company ABI-Product Line-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
791.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356906**

Amount of Each Receipt this Period  
 39.13

Full Name (Last, First, Middle Initial)  
**C. DONALD L DUFF**

Mailing Address 2 Washington Ct..

City State Zip Code  
STREAMWOOD IL 60107

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

Name of Employer Occupation  
Allstate Insurance Company ABI-Product Line-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
830.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403048**

Amount of Each Receipt this Period  
 39.13

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **117.39**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

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

**A. Pamela N Dufour**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1804 Aberdeen Drive  
 City State Zip Code  
 Glenview IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-AB2B-President-ALL Ro  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 479.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230635**  
 Amount of Each Receipt this Period  
 32.31

**B. Pamela N Dufour**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1804 Aberdeen Drive  
 City State Zip Code  
 Glenview IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-AB2B-President-ALL Ro  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 511.57

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357107**  
 Amount of Each Receipt this Period  
 32.31

**C. Pamela N Dufour**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1804 Aberdeen Drive  
 City State Zip Code  
 Glenview IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-AB2B-President-ALL Ro  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 543.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403250**  
 Amount of Each Receipt this Period  
 32.31

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 96.93  
**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

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

**A. MICHAEL S DUNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18202 HARNISH RD.  
 City ROSCOE State IL Zip Code 61073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Project Mgmt-Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 597.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230486**  
 Amount of Each Receipt this Period  
 30.05

**B. MICHAEL S DUNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18202 HARNISH RD.  
 City ROSCOE State IL Zip Code 61073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Project Mgmt-Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 627.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356958**  
 Amount of Each Receipt this Period  
 30.05

**C. MICHAEL S DUNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18202 HARNISH RD.  
 City ROSCOE State IL Zip Code 61073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Project Mgmt-Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 657.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403100**  
 Amount of Each Receipt this Period  
 30.05

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.15  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

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

Mailing Address 44 CHAMPLAIN COURT

City State Zip Code  
 MANAHAWKIN NJ 08050

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

Name of Employer Occupation  
 Allstate Insurance Company Claims-Field Leadership R

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 330.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230350**

Amount of Each Receipt this Period  
 16.62

Full Name (Last, First, Middle Initial)  
**B. JEFFREY P DWYER**

Mailing Address 44 CHAMPLAIN COURT

City State Zip Code  
 MANAHAWKIN NJ 08050

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

Name of Employer Occupation  
 Allstate Insurance Company Claims-Field Leadership R

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 347.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356824**

Amount of Each Receipt this Period  
 16.62

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

Mailing Address 44 CHAMPLAIN COURT

City State Zip Code  
 MANAHAWKIN NJ 08050

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

Name of Employer Occupation  
 Allstate Insurance Company Claims-Field Leadership R

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 363.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402965**

Amount of Each Receipt this Period  
 16.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 49.86

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Thomas V Ealy**  
 Mailing Address 2601 N. Greenview Ave.  
 City State Zip Code  
 Chicago IL 77366-5030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-AB2B-President Encomp  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1659.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230615**  
 Amount of Each Receipt this Period  
 82.99

Full Name (Last, First, Middle Initial)  
**B. Thomas V Ealy**  
 Mailing Address 2601 N. Greenview Ave.  
 City State Zip Code  
 Chicago IL 77366-5030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-AB2B-President Encomp  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1742.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357087**  
 Amount of Each Receipt this Period  
 82.99

Full Name (Last, First, Middle Initial)  
**C. Thomas V Ealy**  
 Mailing Address 2601 N. Greenview Ave.  
 City State Zip Code  
 Chicago IL 77366-5030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-AB2B-President Encomp  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1825.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403230**  
 Amount of Each Receipt this Period  
 82.99

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 248.97  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. MATTHEW B EBY**

Mailing Address 605 Downing Road

City State Zip Code  
 Libertyville IL 60048

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

Name of Employer Occupation  
 Allstate Insurance Company L&R-Ins Ops Attorney-Exp

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 212.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403145**

Amount of Each Receipt this Period  
 16.35

Full Name (Last, First, Middle Initial)  
**B. Miguel Edwards**

Mailing Address 21 Seneca Ave West

City State Zip Code  
 Hathorn Woods IL 60047

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 ▼  
 917.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230625**

Amount of Each Receipt this Period  
 46.13

Full Name (Last, First, Middle Initial)  
**C. Miguel Edwards**

Mailing Address 21 Seneca Ave West

City State Zip Code  
 Hathorn Woods IL 60047

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 ▼  
 963.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357097**

Amount of Each Receipt this Period  
 46.13

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **108.61**

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

**SCHEDULE A (FEC Form 3X)  
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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. Miguel Edwards**

Mailing Address 21 Seneca Ave West

City State Zip Code  
 Hathorn Woods IL 60047

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 ▼ **1009.78**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2403240**

Amount of Each Receipt this Period  
**46.13**

Full Name (Last, First, Middle Initial)  
**B. SHARON P EDWARDS**

Mailing Address 469 E. HOME AVENUE

City State Zip Code  
 PALATINE IL 60074

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

Name of Employer Occupation  
 Allstate Insurance Company INV-Financial Planning-Di

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **233.82**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230451**

Amount of Each Receipt this Period  
**11.81**

Full Name (Last, First, Middle Initial)  
**C. SHARON P EDWARDS**

Mailing Address 469 E. HOME AVENUE

City State Zip Code  
 PALATINE IL 60074

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

Name of Employer Occupation  
 Allstate Insurance Company INV-Financial Planning-Di

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **245.63**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2356924**

Amount of Each Receipt this Period  
**11.81**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **69.75**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 286
	<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. SHARON P EDWARDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 469 E. HOME AVENUE

City PALATINE State IL Zip Code 60074

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

Name of Employer Allstate Insurance Company Occupation INV-Financial Planning-Di

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 257.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403066**

Amount of Each Receipt this Period  
 11.81

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

Mailing Address 10323 TRUMBULL AVE

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1077.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230503**

Amount of Each Receipt this Period  
 53.85

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

Mailing Address 10323 TRUMBULL AVE

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1130.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356975**

Amount of Each Receipt this Period  
 53.85

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 119.51

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

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

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

FOR LINE NUMBER: PAGE 69 OF 286  
(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. KATHLEEN N ENRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10323 TRUMBULL AVE  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1184.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403117**  
 Amount of Each Receipt this Period  
 53.85

**B. JAN B EPSTEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2975 ROSLYN LANE  
 City BUFFALO GROVE State IL Zip Code 60089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation CR-Philanthropy-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 408.83

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230361**  
 Amount of Each Receipt this Period  
 20.57

**C. JAN B EPSTEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2975 ROSLYN LANE  
 City BUFFALO GROVE State IL Zip Code 60089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation CR-Philanthropy-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 429.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356835**  
 Amount of Each Receipt this Period  
 20.57

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 94.99  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 70 OF 286  
(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. JAN B EPSTEIN**

Mailing Address 2975 ROSLYN LANE

City State Zip Code  
 BUFFALO GROVE IL 60089

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

Name of Employer Occupation  
 Allstate Insurance Company CR-Philanthropy-Sr Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 449.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402976**

Amount of Each Receipt this Period  
 20.57

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

Mailing Address 660 BALMORAL LANE

City State Zip Code  
 INVERNESS IL 60067

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

Name of Employer Occupation  
 Allstate Insurance Company VP-HR-Diversity & Org. Ef

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1191.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230354**

Amount of Each Receipt this Period  
 59.77

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

Mailing Address 660 BALMORAL LANE

City State Zip Code  
 INVERNESS IL 60067

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

Name of Employer Occupation  
 Allstate Insurance Company VP-HR-Diversity & Org. Ef

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1251.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356828**

Amount of Each Receipt this Period  
 59.77

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.11

**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 71 OF 286  
(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. MICHAEL L ESCOBAR**

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 ▼ **1310.80**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2402969**

Amount of Each Receipt this Period  
**59.77**

Full Name (Last, First, Middle Initial)  
**B. Marcus W Ferguson**

Mailing Address **818 S. Mitchell Ave.**

City **Arlington Heights**      State **IL**      Zip Code **60005**

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

Name of Employer **Allstate Insurance Company**      Occupation **L&R-Ins Ops Attorney-Exp**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **604.65**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230631**

Amount of Each Receipt this Period  
**30.30**

Full Name (Last, First, Middle Initial)  
**C. Marcus W Ferguson**

Mailing Address **818 S. Mitchell Ave.**

City **Arlington Heights**      State **IL**      Zip Code **60005**

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

Name of Employer **Allstate Insurance Company**      Occupation **L&R-Ins Ops Attorney-Exp**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **634.95**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2357103**

Amount of Each Receipt this Period  
**30.30**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.37**

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

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

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

FOR LINE NUMBER: PAGE 72 OF 286  
(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. Marcus W Ferguson**  
 Mailing Address 818 S. Mitchell Ave.  
 City State Zip Code  
 Arlington Heights IL 60005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Ins Ops Attorney-Exp  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 665.25

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403246**  
 Amount of Each Receipt this Period  
 30.30

Full Name (Last, First, Middle Initial)  
**B. CAROLYN A FILIPOVIC**  
 Mailing Address 918 JUNIPER ROAD  
 City State Zip Code  
 GLENVIEW IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-EthicsComplPriv-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 661.90

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230526**  
 Amount of Each Receipt this Period  
 33.32

Full Name (Last, First, Middle Initial)  
**C. CAROLYN A FILIPOVIC**  
 Mailing Address 918 JUNIPER ROAD  
 City State Zip Code  
 GLENVIEW IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-EthicsComplPriv-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 695.22

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356998**  
 Amount of Each Receipt this Period  
 33.32

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 96.94  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 73 OF 286  
(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. CAROLYN A FILIPOVIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 918 JUNIPER ROAD  
 City GLENVIEW State IL Zip Code 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-EthicsComplPriv-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 728.54

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403140**  
 Amount of Each Receipt this Period  
 33.32

**B. STEVEN FINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40375 N. SEA EAGLE CT  
 City ANTIOCH State IL Zip Code 60002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Ag Ops-Strategy & Ops-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 578.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230379**  
 Amount of Each Receipt this Period  
 29.03

**C. STEVEN FINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40375 N. SEA EAGLE CT  
 City ANTIOCH State IL Zip Code 60002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Ag Ops-Strategy & Ops-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 607.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356853**  
 Amount of Each Receipt this Period  
 29.03

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 91.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 74 OF 286  
(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 FINE**  
 Mailing Address 40375 N. SEA EAGLE CT  
 City State Zip Code  
 ANTIOCH IL 60002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Ag Ops-Strategy & Ops-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 636.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402994**  
 Amount of Each Receipt this Period  
 29.03

Full Name (Last, First, Middle Initial)  
**B. James J Flynn**  
 Mailing Address 5 Sunset Terrace  
 City State Zip Code  
 West Hartford CT 06107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-ABD-Field Vice Preside  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 623.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230638**  
 Amount of Each Receipt this Period  
 62.31

Full Name (Last, First, Middle Initial)  
**C. James J Flynn**  
 Mailing Address 5 Sunset Terrace  
 City State Zip Code  
 West Hartford CT 06107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-ABD-Field Vice Preside  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 685.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357110**  
 Amount of Each Receipt this Period  
 62.31

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 153.65  
**TOTAL** This Period (last page this line 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 75 OF 286
	<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. James J Flynn**

Mailing Address 5 Sunset Terrace

City West Hartford State CT Zip Code 06107

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **747.72**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2403253**

Amount of Each Receipt this Period  
**62.31**

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

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-L&R-Allstate Financial

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1128.19**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230556**

Amount of Each Receipt this Period  
**58.00**

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

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-L&R-Allstate Financial

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1186.19**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2357028**

Amount of Each Receipt this Period  
**58.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>178.31</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 76 OF 286  
(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. 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-L&R-Allstate Financial  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1244.19

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403170**  
 Amount of Each Receipt this Period  
 58.00

**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-Sr Exp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 738.39

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230465**  
 Amount of Each Receipt this Period  
 37.32

**C. 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-Sr Exp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 775.71

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356937**  
 Amount of Each Receipt this Period  
 37.32

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 132.64  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 77 OF 286  
(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. SARA A FOSTER**

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-Sr Exp

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **813.03**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : A2015-2403079**

Amount of Each Receipt this Period  
**37.32**

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

Mailing Address 6 SUGAR MAPLE COURT

City DIX HILLS      State NY      Zip Code 11746

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt  
**10 / 02 / 2015**  
**Transaction ID : A2015-2230352**

Amount of Each Receipt this Period  
**28.50**

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

Mailing Address 6 SUGAR MAPLE COURT

City DIX HILLS      State NY      Zip Code 11746

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **598.50**

Date of Receipt  
**10 / 16 / 2015**  
**Transaction ID : A2015-2356826**

Amount of Each Receipt this Period  
**28.50**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **94.32**

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

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

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

FOR LINE NUMBER: PAGE 78 OF 286  
(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. VINCENT A FUSCO**  
 Mailing Address 6 SUGAR MAPLE COURT  
 City State Zip Code  
 DIX HILLS NY 11746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ABD-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 627.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402967**  
 Amount of Each Receipt this Period  
 28.50

Full Name (Last, First, Middle Initial)  
**B. ANNA M GALL**  
 Mailing Address 1667 FLAGSTONE DRIVE  
 City State Zip Code  
 CRYSTAL LAKE IL 60014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ABI-Operations-Sr Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 363.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230429**  
 Amount of Each Receipt this Period  
 18.32

Full Name (Last, First, Middle Initial)  
**C. ANNA M GALL**  
 Mailing Address 1667 FLAGSTONE DRIVE  
 City State Zip Code  
 CRYSTAL LAKE IL 60014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ABI-Operations-Sr Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 382.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356902**  
 Amount of Each Receipt this Period  
 18.32

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.14  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 79 OF 286  
(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**

Full Name (Last, First, Middle Initial)  
**A. ANNA M GALL**  
 Mailing Address 1667 FLAGSTONE DRIVE  
 City State Zip Code  
 CRYSTAL LAKE IL 60014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ABI-Operations-Sr Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403044**  
 Amount of Each Receipt this Period  
 18.32

Full Name (Last, First, Middle Initial)  
**B. MARY C GARDNER**  
 Mailing Address 4506 DEER TRAIL  
 City State Zip Code  
 NORTHBROOK IL 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-EthicsComplPriv-Sr Mg  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 282.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230383**  
 Amount of Each Receipt this Period  
 14.22

Full Name (Last, First, Middle Initial)  
**C. MARY C GARDNER**  
 Mailing Address 4506 DEER TRAIL  
 City State Zip Code  
 NORTHBROOK IL 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-EthicsComplPriv-Sr Mg  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 296.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356857**  
 Amount of Each Receipt this Period  
 14.22

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 46.76  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 286
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial)  
**A. MARY C GARDNER**

Mailing Address 4506 DEER TRAIL

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation L&R-EthicsComplPriv-Sr Mg

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.68**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2402998**

Amount of Each Receipt this Period  
**14.22**

Full Name (Last, First, Middle Initial)  
**B. Oyauma M Garrison**

Mailing Address 8033 Slate Park Avenue

City Reynoldsburg State OH Zip Code 43068

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **232.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230637**

Amount of Each Receipt this Period  
**58.00**

Full Name (Last, First, Middle Initial)  
**C. Oyauma M Garrison**

Mailing Address 8033 Slate Park Avenue

City Reynoldsburg State OH Zip Code 43068

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2357109**

Amount of Each Receipt this Period  
**58.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.22</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 81 OF 286
	<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. Oyauma M Garrison**  
Full Name (Last, First, Middle Initial)

Mailing Address 8033 Slate Park Avenue

City Reynoldsburg	State OH	Zip Code 43068
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **348.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403252**

Amount of Each Receipt this Period  

58.00
-------

**B. Patricia L Garza**  
Full Name (Last, First, Middle Initial)

Mailing Address 839 Chilton Lane

City Wilmette	State IL	Zip Code 84742-0909
------------------	-------------	------------------------

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

Name of Employer Allstate Insurance Company	Occupation CR-Philanthropy-Dir
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **232.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230601**

Amount of Each Receipt this Period  

29.00
-------

**C. Patricia L Garza**  
Full Name (Last, First, Middle Initial)

Mailing Address 839 Chilton Lane

City Wilmette	State IL	Zip Code 84742-0909
------------------	-------------	------------------------

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

Name of Employer Allstate Insurance Company	Occupation CR-Philanthropy-Dir
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **261.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2357073**

Amount of Each Receipt this Period  

29.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>116.00</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 82 OF 286
	<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. Patricia L Garza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 839 Chilton Lane  
 City Wilmette State IL Zip Code 84742-0900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation CR-Philanthropy-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403216**  
 Amount of Each Receipt this Period  
 290.00

**B. NICK GEORGAKOPOULOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1129 N Mitchell Ave  
 City Arlington Heights State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ALR-Fin Analysis-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 835.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230471**  
 Amount of Each Receipt this Period  
 42.05

**C. NICK GEORGAKOPOULOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1129 N Mitchell Ave  
 City Arlington Heights State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ALR-Fin Analysis-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 877.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356943**  
 Amount of Each Receipt this Period  
 42.05

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	113.10
<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 83 OF 286  
(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. 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 ALR-Fin Analysis-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 919.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403085**  
 Amount of Each Receipt this Period  
 42.05

**B. BONNIE S GILL**  
 Full Name (Last, First, Middle Initial)  
 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-PO-Product Vice Presid  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 693.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230558**  
 Amount of Each Receipt this Period  
 34.88

**C. BONNIE S GILL**  
 Full Name (Last, First, Middle Initial)  
 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-PO-Product Vice Presid  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 728.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357030**  
 Amount of Each Receipt this Period  
 34.88

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 111.81  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 84 OF 286  
(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. 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-PO-Product Vice Presid

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 763.54

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403172**

Amount of Each Receipt this Period  
 34.88

Full Name (Last, First, Middle Initial)  
**B. 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 L&R-Lit Svcs Attorney HO-

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 936.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230355**

Amount of Each Receipt this Period  
 47.01

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 L&R-Lit Svcs Attorney HO-

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 983.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356829**

Amount of Each Receipt this Period  
 47.01

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 128.90

**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: (check only one)	PAGE 85 OF 286
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)  
**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 **L&R-Lit Svcs Attorney HO-**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1030.04**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : A2015-2402970**

Amount of Each Receipt this Period  
**47.01**

Full Name (Last, First, Middle Initial)  
**B. JAMES D GLENN**

Mailing Address **1038 N. Glenview Court**

City **Palatine** State **IL** Zip Code **60067**

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

Name of Employer **Allstate Insurance Company** Occupation **Claims-Field Leadership-D**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **234.00**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : A2015-2403005**

Amount of Each Receipt this Period  
**39.00**

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

Mailing Address **310 Plantation Way**

City **Roswell** State **GA** Zip Code **30075**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **474.66**

Date of Receipt  
**10 / 02 / 2015**  
**Transaction ID : A2015-2230356**

Amount of Each Receipt this Period  
**23.94**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>109.95</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 86 OF 286  
(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 T GOFF**

Mailing Address 310 Plantation Way

City Roswell State GA Zip Code 30075

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **498.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356830**

Amount of Each Receipt this Period  
**23.94**

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

Mailing Address 310 Plantation Way

City Roswell State GA Zip Code 30075

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **522.54**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402971**

Amount of Each Receipt this Period  
**23.94**

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

Mailing Address 10 MULBERRY 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 L&R-Operations-Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **457.49**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230437**

Amount of Each Receipt this Period  
**23.05**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **70.93**

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

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

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

FOR LINE NUMBER: PAGE 87 OF 286  
(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. BRUCE R GOLDBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 MULBERRY LN  
 City State Zip Code  
 HAWTHORN WOODS IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Operations-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.54

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356910**  
 Amount of Each Receipt this Period  
 23.05

**B. BRUCE R GOLDBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 MULBERRY LN  
 City State Zip Code  
 HAWTHORN WOODS IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Operations-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 503.59

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403052**  
 Amount of Each Receipt this Period  
 23.05

**C. RICHARD M GOLICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2372 SIMPSON FARM WAY  
 City State Zip Code  
 SMYRNA GA 30080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Gov & Ind Rel Attorne  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 869.93

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230582**  
 Amount of Each Receipt this Period  
 43.69

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 89.79  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 88 OF 286  
(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. RICHARD M GOLICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2372 SIMPSON FARM WAY  
 City State Zip Code  
 SMYRNA GA 30080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Gov & Ind Rel Attorne  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 913.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357054**  
 Amount of Each Receipt this Period  
 43.69

**B. RICHARD M GOLICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2372 SIMPSON FARM WAY  
 City State Zip Code  
 SMYRNA GA 30080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Gov & Ind Rel Attorne  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 957.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403197**  
 Amount of Each Receipt this Period  
 43.69

**C. Daniel Gordon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25225 North Iroquois Court  
 City State Zip Code  
 Lake Barrington IL 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-L&R-Securities & Corpo  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 234.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230634**  
 Amount of Each Receipt this Period  
 39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 126.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 89 OF 286  
(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. Daniel Gordon**

Mailing Address 25225 North Iroquois Court

City State Zip Code  
Lake Barrington IL 60010

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

Name of Employer Occupation  
Allstate Insurance Company VP-L&R-Securities & Corpo

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357106**

Amount of Each Receipt this Period  
39.00

Full Name (Last, First, Middle Initial)  
**B. Daniel Gordon**

Mailing Address 25225 North Iroquois Court

City State Zip Code  
Lake Barrington IL 60010

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

Name of Employer Occupation  
Allstate Insurance Company VP-L&R-Securities & Corpo

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403249**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 4071 NEWPORT LANE

City State Zip Code  
ARLINGTON HTS IL 60004

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

Name of Employer Occupation  
Allstate Insurance Company L&R-Corp/Claim Lit Attorn

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
742.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230579**

Amount of Each Receipt this Period  
37.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.30

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

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

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

FOR LINE NUMBER: PAGE 90 OF 286  
(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. ANN A GOULD**  
 Mailing Address 4071 NEWPORT LANE  
 City State Zip Code  
 ARLINGTON HTS IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Corp/Claim Lit Attorn  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 780.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357051**  
 Amount of Each Receipt this Period  
 37.30

Full Name (Last, First, Middle Initial)  
**B. ANN A GOULD**  
 Mailing Address 4071 NEWPORT LANE  
 City State Zip Code  
 ARLINGTON HTS IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Corp/Claim Lit Attorn  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 817.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403194**  
 Amount of Each Receipt this Period  
 37.30

Full Name (Last, First, Middle Initial)  
**C. GEORGE F GRAWE**  
 Mailing Address 801 N. Vail Avenue  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-L&R-Staff & Retained  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1122.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230410**  
 Amount of Each Receipt this Period  
 56.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 131.10  
**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 91 OF 286  
(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. GEORGE F GRAWE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 N. Vail Avenue  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-L&R-Staff & Retained  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1178.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356883**  
 Amount of Each Receipt this Period  
 56.50

**B. GEORGE F GRAWE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 N. Vail Avenue  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-L&R-Staff & Retained  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1235.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403025**  
 Amount of Each Receipt this Period  
 56.50

**C. KELLIE H GREEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 Meadowlark Circle  
 City State Zip Code  
 Lindenhurst IL 60046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company PO-RMBC Underwriting-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 412.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230399**  
 Amount of Each Receipt this Period  
 20.79

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 133.79  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 92 OF 286  
(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**

Full Name (Last, First, Middle Initial)  
**A. KELLIE H GREEN**

Mailing Address 150 Meadowlark Circle

City Lindenhurst      State IL      Zip Code 60046

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

Name of Employer Allstate Insurance Company      Occupation PO-RMBC Underwriting-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.81**

Date of Receipt  
**10 / 16 / 2015**  
**Transaction ID : A2015-2356873**

Amount of Each Receipt this Period  
**20.79**

Full Name (Last, First, Middle Initial)  
**B. KELLIE H GREEN**

Mailing Address 150 Meadowlark Circle

City Lindenhurst      State IL      Zip Code 60046

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

Name of Employer Allstate Insurance Company      Occupation PO-RMBC Underwriting-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **453.60**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : A2015-2403014**

Amount of Each Receipt this Period  
**20.79**

Full Name (Last, First, Middle Initial)  
**C. Mark A Green**

Mailing Address 1711 Wildwood Ct

City Glenview      State IL      Zip Code 60025

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

Name of Employer Allstate Insurance Company      Occupation SVP-AB2B-President Ivanta

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1355.17**

Date of Receipt  
**10 / 02 / 2015**  
**Transaction ID : A2015-2230607**

Amount of Each Receipt this Period  
**68.35**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **109.93**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 OF 286
	(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**

Full Name (Last, First, Middle Initial) <b>A. Mark A Green</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 <b>Transaction ID : A2015-2357079</b>
Mailing Address 1711 Wildwood Ct			Amount of Each Receipt this Period 68.35
City Glenview	State IL	Zip Code 60025	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation SVP-AB2B-President Ivanta		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1423.52		

Full Name (Last, First, Middle Initial) <b>B. Mark A Green</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 <b>Transaction ID : A2015-2403222</b>
Mailing Address 1711 Wildwood Ct			Amount of Each Receipt this Period 68.35
City Glenview	State IL	Zip Code 60025	
FEC ID number of contributing federal political committee. C			
Name of Employer Allstate Insurance Company	Occupation SVP-AB2B-President Ivanta		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1491.87		

Full Name (Last, First, Middle Initial) <b>C. JUDITH P GREFFIN</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 <b>Transaction ID : A2015-2230418</b>
Mailing Address 338 North Kenilworth			Amount of Each Receipt this Period 80.77
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 ▼ 1599.83		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	217.47
<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 94 OF 286
	<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. 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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1680.60

Date of Receipt 10 / 16 / 2015  
**Transaction ID : A2015-2356891**

Amount of Each Receipt this Period 80.77

**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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1761.37

Date of Receipt 10 / 30 / 2015  
**Transaction ID : A2015-2403033**

Amount of Each Receipt this Period 80.77

**C. M'BA G GREGOIRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 35 Linden Road

City Lake Zurich State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation L&R-Lit Svcs Attorney HO-

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 891.53

Date of Receipt 10 / 02 / 2015  
**Transaction ID : A2015-2230583**

Amount of Each Receipt this Period 45.06

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 206.60

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

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

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

FOR LINE NUMBER: PAGE 95 OF 286  
(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. M'BA G GREGOIRE**

Mailing Address 35 Linden Road

City State Zip Code  
 Lake Zurich IL 60047

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

Name of Employer Occupation  
 Allstate Insurance Company L&R-Lit Svcs Attorney HO-

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **936.59**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2357055**

Amount of Each Receipt this Period  
**45.06**

Full Name (Last, First, Middle Initial)  
**B. M'BA G GREGOIRE**

Mailing Address 35 Linden Road

City State Zip Code  
 Lake Zurich IL 60047

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

Name of Employer Occupation  
 Allstate Insurance Company L&R-Lit Svcs Attorney HO-

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **981.65**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2403198**

Amount of Each Receipt this Period  
**45.06**

Full Name (Last, First, Middle Initial)  
**C. MARYLIN H GROOM**

Mailing Address 170 ASPINWALL STREET

City State Zip Code  
 WESTBURY NY 11590

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

Name of Employer Occupation  
 Allstate Insurance Company FId SSD-Sales Ops-Sr Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **389.19**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230368**

Amount of Each Receipt this Period  
**19.59**

**SUBTOTAL** of Receipts This Page (optional)..... ► **109.71**

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

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

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

FOR LINE NUMBER: PAGE 96 OF 286  
(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. MARYLIN H GROOM**

Mailing Address 170 ASPINWALL STREET

City WESTBURY State NY Zip Code 11590

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

Name of Employer Allstate Insurance Company Occupation Fld SSD-Sales Ops-Sr Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **408.78**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356842**

Amount of Each Receipt this Period  
 19.59

Full Name (Last, First, Middle Initial)  
**B. MARYLIN H GROOM**

Mailing Address 170 ASPINWALL STREET

City WESTBURY State NY Zip Code 11590

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

Name of Employer Allstate Insurance Company Occupation Fld SSD-Sales Ops-Sr Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **428.37**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402983**

Amount of Each Receipt this Period  
 19.59

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

Mailing Address 6130 St. Andrews Ct.

City Ponte Vedra Beach State FL Zip Code 32082

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

Name of Employer Allstate Insurance Company Occupation SVP-AB2B-President Allsta

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **694.77**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230525**

Amount of Each Receipt this Period  
 35.04

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **74.22**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 286
	<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. GREGORY J GUIDOS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6130 St. Andrews Ct.  
City State Zip Code  
Ponte Vedra Beach FL 32082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Allstate Insurance Company SVP-AB2B-President Allsta  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**729.81**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**  
**Transaction ID : A2015-2356997**  
Amount of Each Receipt this Period  
**35.04**

**B. GREGORY J GUIDOS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6130 St. Andrews Ct.  
City State Zip Code  
Ponte Vedra Beach FL 32082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Allstate Insurance Company SVP-AB2B-President Allsta  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**764.85**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**  
**Transaction ID : A2015-2403139**  
Amount of Each Receipt this Period  
**35.04**

**C. Sanjay Gupta**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1971 Farnsworth Ln  
City State Zip Code  
Northbrook IL 60062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Allstate Insurance Company EVP-Mktg Innovation & Co  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**1317.10**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**  
**Transaction ID : A2015-2230626**  
Amount of Each Receipt this Period  
**66.35**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>136.43</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 98 OF 286  
(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. Sanjay Gupta**

Mailing Address 1971 Farnsworth Ln

City State Zip Code  
 Northbrook IL 60062

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1383.45

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357098**

Amount of Each Receipt this Period  
 66.35

Full Name (Last, First, Middle Initial)  
**B. Sanjay Gupta**

Mailing Address 1971 Farnsworth Ln

City State Zip Code  
 Northbrook IL 60062

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1449.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403241**

Amount of Each Receipt this Period  
 66.35

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

Mailing Address 3 South Wynstone

City State Zip Code  
 N. BARRINGTON IL 60010

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-PO-Chief Actuary

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 222.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230488**

Amount of Each Receipt this Period  
 11.17

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 143.87

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

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

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

FOR LINE NUMBER: PAGE 99 OF 286  
(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. JAMES W HAIDU**

Mailing Address 3 South Wynstone

City State Zip Code  
N. BARRINGTON IL 60010

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

Name of Employer Occupation  
Allstate Insurance Company SVP-PO-Chief Actuary

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
233.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356960**

Amount of Each Receipt this Period  
11.17

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

Mailing Address 3 South Wynstone

City State Zip Code  
N. BARRINGTON IL 60010

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

Name of Employer Occupation  
Allstate Insurance Company SVP-PO-Chief Actuary

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
244.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403102**

Amount of Each Receipt this Period  
11.17

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

Mailing Address 3001 SUTTON WOODS CT

City State Zip Code  
CRYSTAL LAKE IL 60012

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

Name of Employer Occupation  
Allstate Insurance Company HR-Payroll & Relocation-S

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
369.27

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230502**

Amount of Each Receipt this Period  
18.54

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.88

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

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

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

FOR LINE NUMBER: PAGE 100 OF 286  
(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 R HALPERN-GIVENS**

Mailing Address 3001 SUTTON WOODS CT

City State Zip Code  
 CRYSTAL LAKE IL 60012

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

Name of Employer Occupation  
 Allstate Insurance Company HR-Payroll & Relocation-S

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 387.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356974**

Amount of Each Receipt this Period  
 18.54

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

Mailing Address 3001 SUTTON WOODS CT

City State Zip Code  
 CRYSTAL LAKE IL 60012

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

Name of Employer Occupation  
 Allstate Insurance Company HR-Payroll & Relocation-S

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 406.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403116**

Amount of Each Receipt this Period  
 18.54

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

Mailing Address 840 ALLEGHANY

City State Zip Code  
 GRAYSLAKE IL 84754-8777

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

Name of Employer Occupation  
 Allstate Insurance Company Claims-HO Leadership-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 861.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230563**

Amount of Each Receipt this Period  
 43.45

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.53

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 286
	<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. RANDALL M HANSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 840 ALLEGHANY

City GRAYSLAKE	State IL	Zip Code 84754-8777
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Claims-HO Leadership-Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 904.93	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2015  
**Transaction ID : A2015-2357035**

Amount of Each Receipt this Period  
43.45

**B. RANDALL M HANSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 840 ALLEGHANY

City GRAYSLAKE	State IL	Zip Code 84754-8777
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Claims-HO Leadership-Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 948.38	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : A2015-2403177**

Amount of Each Receipt this Period  
43.45

**c. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.31	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2015  
**Transaction ID : A2015-2230610**

Amount of Each Receipt this Period  
69.22

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	156.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 286  
(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. David S Harper**

Mailing Address 41 Lancaster Lane

City State Zip Code  
 Lincolnshire IL 60069

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1444.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357082**

Amount of Each Receipt this Period  
 69.22

Full Name (Last, First, Middle Initial)  
**B. David S Harper**

Mailing Address 41 Lancaster Lane

City State Zip Code  
 Lincolnshire IL 60069

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1513.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403225**

Amount of Each Receipt this Period  
 69.22

Full Name (Last, First, Middle Initial)  
**C. Cheryl A Harris**

Mailing Address 4136 Three Lakes 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 SVP-ABO-Sourcing & Procur

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1315.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230622**

Amount of Each Receipt this Period  
 66.12

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 204.56

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

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

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

FOR LINE NUMBER: PAGE 103 OF 286  
(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. Cheryl A Harris**

Mailing Address 4136 Three Lakes 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 SVP-ABO-Sourcing & Procur

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **1381.77**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2357094**

Amount of Each Receipt this Period  
**66.12**

Full Name (Last, First, Middle Initial)  
**B. Cheryl A Harris**

Mailing Address 4136 Three Lakes 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 SVP-ABO-Sourcing & Procur

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **1447.89**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2403237**

Amount of Each Receipt this Period  
**66.12**

Full Name (Last, First, Middle Initial)  
**C. Jacqueline J Hart**

Mailing Address 1431 W. Walton

City State Zip Code  
 Chicago IL 60642

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

Name of Employer Occupation  
 Allstate Insurance Company CR-Strategic Bus Comm-Dir

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **380.30**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230600**

Amount of Each Receipt this Period  
**19.26**

**SUBTOTAL** of Receipts This Page (optional)..... ► **151.50**

**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

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(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. Jacqueline J Hart**

Mailing Address 1431 W. Walton

City State Zip Code  
 Chicago IL 60642

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

Name of Employer Occupation  
 Allstate Insurance Company CR-Strategic Bus Comm-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 399.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357072**

Amount of Each Receipt this Period  
 19.26

Full Name (Last, First, Middle Initial)  
**B. Jacqueline J Hart**

Mailing Address 1431 W. Walton

City State Zip Code  
 Chicago IL 60642

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

Name of Employer Occupation  
 Allstate Insurance Company CR-Strategic Bus Comm-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 418.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403215**

Amount of Each Receipt this Period  
 19.26

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

Mailing Address 25 Players Club Villas Rd

City State Zip Code  
 Ponte Vedra FL 32082

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

Name of Employer Occupation  
 Allstate Insurance Company VP-AB2B-Allstate Benefits

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230416**

Amount of Each Receipt this Period  
 40.21

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.73

**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

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(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. KEITH A HAUSCHILDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Players Club Villas Rd  
 City State Zip Code  
 Ponte Vedra FL 32082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-AB2B-Allstate Benefits  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**840.86**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**  
**Transaction ID : A2015-2356889**  
 Amount of Each Receipt this Period  
**40.21**

**B. KEITH A HAUSCHILDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Players Club Villas Rd  
 City State Zip Code  
 Ponte Vedra FL 32082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-AB2B-Allstate Benefits  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**881.07**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**  
**Transaction ID : A2015-2403031**  
 Amount of Each Receipt this Period  
**40.21**

**C. Troy M Hawkes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 Ivy Glen Dr.  
 City State Zip Code  
 Milford MI 48380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ABD-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**1013.09**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**  
**Transaction ID : A2015-2230629**  
 Amount of Each Receipt this Period  
**50.77**

**SUBTOTAL** of Receipts This Page (optional)..... ► **131.19**  
**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 106 OF 286
	<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. Troy M Hawkes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 210 Ivy Glen Dr.  
City Milford State MI Zip Code 48380  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation SVP-ABD-Field Senior Vice  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1063.86

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : A2015-2357101**  
Amount of Each Receipt this Period  
50.77

**B. Troy M Hawkes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 210 Ivy Glen Dr.  
City Milford State MI Zip Code 48380  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation SVP-ABD-Field Senior Vice  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1114.63

Date of Receipt  
10 / 30 / 2015  
**Transaction ID : A2015-2403244**  
Amount of Each Receipt this Period  
50.77

**C. JEFFREY R HEALY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7452 BERKELEY CIRCLE  
City CASTLE ROCK State CO Zip Code 80108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation ABD-Regional Sales Leader  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 355.92

Date of Receipt  
10 / 02 / 2015  
**Transaction ID : A2015-2230372**  
Amount of Each Receipt this Period  
17.94

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 119.48  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(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. JEFFREY R HEALY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7452 BERKELEY CIRCLE  
 City State Zip Code  
 CASTLE ROCK CO 80108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ABD-Regional Sales Leader  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 373.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356846**  
 Amount of Each Receipt this Period  
 17.94

**B. JEFFREY R HEALY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7452 BERKELEY CIRCLE  
 City State Zip Code  
 CASTLE ROCK CO 80108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ABD-Regional Sales Leader  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 391.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402987**  
 Amount of Each Receipt this Period  
 17.94

**c. Jon E Hedegard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1314 Rose St. NE  
 City State Zip Code  
 Olympia WA 98506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Gov & Ind Rel Attorne  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 680.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230630**  
 Amount of Each Receipt this Period  
 34.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.11  
**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

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 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jon E Hedegard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1314 Rose St. NE  
 City Olympia State WA Zip Code 98506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-Gov & Ind Rel Attorne  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 714.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357102**  
 Amount of Each Receipt this Period  
 34.23

**B. Jon E Hedegard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1314 Rose St. NE  
 City Olympia State WA Zip Code 98506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-Gov & Ind Rel Attorne  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 748.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403245**  
 Amount of Each Receipt this Period  
 34.23

**C. JASON J HEIGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 990 INDIAN SPRING LANE  
 City BUFFALO GROVE State IL Zip Code 60089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation FSS-Audit-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 351.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230347**  
 Amount of Each Receipt this Period  
 17.71

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 86.17  
**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 109 OF 286  
(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. JASON J HEIGER**

Mailing Address 990 INDIAN SPRING LANE

City State Zip Code  
BUFFALO GROVE IL 60089

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

Name of Employer Occupation  
Allstate Insurance Company FSS-Audit-Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **369.57**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2356821**

Amount of Each Receipt this Period  
**17.71**

Full Name (Last, First, Middle Initial)  
**B. JASON J HEIGER**

Mailing Address 990 INDIAN SPRING LANE

City State Zip Code  
BUFFALO GROVE IL 60089

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

Name of Employer Occupation  
Allstate Insurance Company FSS-Audit-Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **387.28**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2402962**

Amount of Each Receipt this Period  
**17.71**

Full Name (Last, First, Middle Initial)  
**C. EYVONNA HEMPHILL**

Mailing Address 337 46TH AVE

City State Zip Code  
BELLWOOD IL 60104

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

Name of Employer Occupation  
Allstate Insurance Company ABI-Quality & Compliance-

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **349.03**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230443**

Amount of Each Receipt this Period  
**17.81**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **53.23**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 110 OF 286
	(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. EYVONNA HEMPHILL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 337 46TH AVE

City BELLWOOD	State IL	Zip Code 60104
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ABI-Quality & Compliance-
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
366.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356916**

Amount of Each Receipt this Period  
17.81

**B. EYVONNA HEMPHILL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 337 46TH AVE

City BELLWOOD	State IL	Zip Code 60104
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ABI-Quality & Compliance-
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403058**

Amount of Each Receipt this Period  
17.81

**C. EDDIE H HILL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8390 Burnt Chimney Road

City Wirtz	State VA	Zip Code 24184
---------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ATO-Leader-Sr Mgr
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
344.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230395**

Amount of Each Receipt this Period  
17.25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	52.87
<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 111 OF 286
	<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	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. EDDIE H HILL**

Mailing Address 8390 Burnt Chimney Road

City	State	Zip Code
Wirtz	VA	24184

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

Name of Employer	Occupation
Allstate Insurance Company	ATO-Leader-Sr Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **361.26**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356869**

Amount of Each Receipt this Period  

17.25
-------

Full Name (Last, First, Middle Initial)  
**B. EDDIE H HILL**

Mailing Address 8390 Burnt Chimney Road

City	State	Zip Code
Wirtz	VA	24184

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

Name of Employer	Occupation
Allstate Insurance Company	ATO-Leader-Sr Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.51**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403010**

Amount of Each Receipt this Period  

17.25
-------

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

Mailing Address 2935 GLENARYE DRIVE

City	State	Zip Code
LINDENHURST	IL	60046

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

Name of Employer	Occupation
Allstate Insurance Company	EVP-PO-Regional Product M

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2849.90**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230400**

Amount of Each Receipt this Period  

143.89
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>178.39</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 112 OF 286
	<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. 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-PO-Regional Product M  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2993.79

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2015  
**Transaction ID : A2015-2356874**  
Amount of Each Receipt this Period  
143.89

**B. 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-PO-Regional Product M  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3137.68

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : A2015-2403015**  
Amount of Each Receipt this Period  
143.89

**C. SHERYL L HODGES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2510 OAK AVENUE  
City NORTHBROOK State IL Zip Code 60062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation L&R-Employment Attorney-E  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 362.68

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2015  
**Transaction ID : A2015-2230475**  
Amount of Each Receipt this Period  
15.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....	303.45
<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 113 OF 286
	<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. SHERYL L HODGES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2510 OAK AVENUE

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

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

Name of Employer Allstate Insurance Company	Occupation L&R-Employment Attorney-E
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.35**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356947**

Amount of Each Receipt this Period  

15.67
-------

**B. SHERYL L HODGES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2510 OAK AVENUE

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

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

Name of Employer Allstate Insurance Company	Occupation L&R-Employment Attorney-E
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **394.02**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403089**

Amount of Each Receipt this Period  

15.67
-------

**C. KATHLEEN K HOFFMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 796 BRYAN ST.

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

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

Name of Employer Allstate Insurance Company	Occupation L&R-Ins Ops Attorney-Sr E
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.99**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230494**

Amount of Each Receipt this Period  

15.47
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<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>46.81</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

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(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. KATHLEEN K HOFFMAN**  
 Mailing Address 796 BRYAN ST.  
 City State Zip Code  
 ELMHURST IL 60126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Ins Ops Attorney-Sr E  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 307.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356966**  
 Amount of Each Receipt this Period  
 15.47

Full Name (Last, First, Middle Initial)  
**B. KATHLEEN K HOFFMAN**  
 Mailing Address 796 BRYAN ST.  
 City State Zip Code  
 ELMHURST IL 60126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Ins Ops Attorney-Sr E  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 322.93

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403108**  
 Amount of Each Receipt this Period  
 15.47

Full Name (Last, First, Middle Initial)  
**C. ROBERT J HOLDEN**  
 Mailing Address 3012 Canton View Walk  
 City State Zip Code  
 Marietta GA 30068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ABD-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 202.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230380**  
 Amount of Each Receipt this Period  
 10.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 41.18  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

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(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. FREDERICK M HORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22421 35th Drive SE  
 City Bothell State WA Zip Code 98021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership-D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 339.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356896**  
 Amount of Each Receipt this Period  
 20.38

**B. FREDERICK M HORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22421 35th Drive SE  
 City Bothell State WA Zip Code 98021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership-D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 359.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403038**  
 Amount of Each Receipt this Period  
 20.38

**C. SAM R HOUK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1158 CIMARRON DR.  
 City CARY State IL Zip Code 60013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation LPM-Fin Strategic Ops-Sr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 644.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230446**  
 Amount of Each Receipt this Period  
 32.40

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 73.16  
**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 117 OF 286  
(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. SAM R HOUK**

Mailing Address 1158 CIMARRON DR.

City State Zip Code  
CARY IL 60013

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

Name of Employer Occupation  
Allstate Insurance Company LPM-Fin Strategic Ops-Sr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**677.34**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2015  
**Transaction ID : A2015-2356919**

Amount of Each Receipt this Period  
**32.40**

Full Name (Last, First, Middle Initial)  
**B. SAM R HOUK**

Mailing Address 1158 CIMARRON DR.

City State Zip Code  
CARY IL 60013

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

Name of Employer Occupation  
Allstate Insurance Company LPM-Fin Strategic Ops-Sr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**709.74**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : A2015-2403061**

Amount of Each Receipt this Period  
**32.40**

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

Mailing Address 1532 NORTH BELMONT AVE.

City State Zip Code  
ARLINGTON HTS. IL 60004

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

Name of Employer Occupation  
Allstate Insurance Company HR-Communications-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**424.51**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2015  
**Transaction ID : A2015-2230541**

Amount of Each Receipt this Period  
**21.32**

**SUBTOTAL** of Receipts This Page (optional)..... ► **86.12**

**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 118 OF 286  
(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 L HUBER**  
 Mailing Address 1532 NORTH BELMONT AVE.  
 City State Zip Code  
 ARLINGTON HTS. IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company HR-Communications-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 445.83

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357013**  
 Amount of Each Receipt this Period  
 21.32

Full Name (Last, First, Middle Initial)  
**B. MARY L HUBER**  
 Mailing Address 1532 NORTH BELMONT AVE.  
 City State Zip Code  
 ARLINGTON HTS. IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company HR-Communications-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 467.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403155**  
 Amount of Each Receipt this Period  
 21.32

Full Name (Last, First, Middle Initial)  
**C. MICHAEL S HURLEY**  
 Mailing Address 1225 N. BURGANDY TRAIL  
 City State Zip Code  
 JACKSONVILLE FL 32259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ADS-Accounting & Finance-  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 466.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230391**  
 Amount of Each Receipt this Period  
 23.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 66.10  
**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 119 OF 286
	(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. MICHAEL S HURLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1225 N. BURGANDY TRAIL

City JACKSONVILLE	State FL	Zip Code 32259
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ADS-Accounting & Finance-
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **489.64**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356865**

Amount of Each Receipt this Period  

23.46
-------

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

Mailing Address 1225 N. BURGANDY TRAIL

City JACKSONVILLE	State FL	Zip Code 32259
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ADS-Accounting & Finance-
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **513.10**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403006**

Amount of Each Receipt this Period  

23.46
-------

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

Mailing Address 21558 W GOLDFINCH CT

City KILDEER	State IL	Zip Code 60047
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-L&R-Corporate Law
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1079.82**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230472**

Amount of Each Receipt this Period  

60.39
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>107.31</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 120 OF 286
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 21558 W GOLDFINCH CT

City KILDEER	State IL	Zip Code 60047
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-L&R-Corporate Law
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1140.21

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356944**

Amount of Each Receipt this Period  
60.39

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

Mailing Address 21558 W GOLDFINCH CT

City KILDEER	State IL	Zip Code 60047
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-L&R-Corporate Law
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403086**

Amount of Each Receipt this Period  
60.39

Full Name (Last, First, Middle Initial)  
**C. ATIF J IJAZ**

Mailing Address 1080 MT VERNON DRIVE

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-Agency Sales
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : A2015-2399810**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.78
<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 121 OF 286
	<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. MARIANO A IMBARRATO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10825 CHAUCER 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 VP-AF-Capital Planning &  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1034.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230459**  
 Amount of Each Receipt this Period  
 52.29

**B. MARIANO A IMBARRATO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10825 CHAUCER 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 VP-AF-Capital Planning &  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1086.89

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356931**  
 Amount of Each Receipt this Period  
 52.29

**C. MARIANO A IMBARRATO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10825 CHAUCER 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 VP-AF-Capital Planning &  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1139.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403073**  
 Amount of Each Receipt this Period  
 52.29

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	156.87
<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 122 OF 286  
(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. LYNNE A IVERSON**

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code  
CARY IL 60013

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

Name of Employer Occupation  
Allstate Insurance Company PO-General Mgmt-Sr Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
656.08

Date of Receipt  
 /  /   
**Transaction ID : A2015-2230449**

Amount of Each Receipt this Period  
32.95

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

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code  
CARY IL 60013

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

Name of Employer Occupation  
Allstate Insurance Company PO-General Mgmt-Sr Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
689.03

Date of Receipt  
 /  /   
**Transaction ID : A2015-2356922**

Amount of Each Receipt this Period  
32.95

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

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code  
CARY IL 60013

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

Name of Employer Occupation  
Allstate Insurance Company PO-General Mgmt-Sr Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
721.98

Date of Receipt  
 /  /   
**Transaction ID : A2015-2403064**

Amount of Each Receipt this Period  
32.95

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 286
	<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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. BOB A JACKSON</b>		Date of Receipt
Mailing Address 226 Maison Court		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
Altamonte Springs	FL	32714
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>A2015-2230566</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	ABD-Regional Sales Leader	<input type="text" value="23.85"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="477.00"/>	

Full Name (Last, First, Middle Initial) <b>B. BOB A JACKSON</b>		Date of Receipt
Mailing Address 226 Maison Court		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
Altamonte Springs	FL	32714
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>A2015-2357038</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	ABD-Regional Sales Leader	<input type="text" value="23.85"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.85"/>	

Full Name (Last, First, Middle Initial) <b>C. BOB A JACKSON</b>		Date of Receipt
Mailing Address 226 Maison Court		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Altamonte Springs	FL	32714
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>A2015-2403180</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	ABD-Regional Sales Leader	<input type="text" value="23.85"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="524.70"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="71.55"/>
<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 124 OF 286  
(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. CRAIG A JAMES**

Mailing Address 235 HEATHER AVE

City State Zip Code  
 GRAYSLAKE IL 60030

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

Name of Employer Occupation  
 Allstate Insurance Company ATO-Six Sigma-Sr Exp

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 293.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230517**

Amount of Each Receipt this Period  
 14.77

Full Name (Last, First, Middle Initial)  
**B. CRAIG A JAMES**

Mailing Address 235 HEATHER AVE

City State Zip Code  
 GRAYSLAKE IL 60030

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

Name of Employer Occupation  
 Allstate Insurance Company ATO-Six Sigma-Sr Exp

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 308.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356989**

Amount of Each Receipt this Period  
 14.77

Full Name (Last, First, Middle Initial)  
**C. CRAIG A JAMES**

Mailing Address 235 HEATHER AVE

City State Zip Code  
 GRAYSLAKE IL 60030

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

Name of Employer Occupation  
 Allstate Insurance Company ATO-Six Sigma-Sr Exp

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 323.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403131**

Amount of Each Receipt this Period  
 14.77

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 44.31

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

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

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

FOR LINE NUMBER: PAGE 125 OF 286  
(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. JAMES C JAMIESON**

Mailing Address 935 Lancaster Rd..

City State Zip Code  
 Lake Zurich IL 60047

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

Name of Employer Occupation  
 Allstate Insurance Company ARE-Real Estate & Constr

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 850.57

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230435**

Amount of Each Receipt this Period  
 42.99

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

Mailing Address 935 Lancaster Rd..

City State Zip Code  
 Lake Zurich IL 60047

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

Name of Employer Occupation  
 Allstate Insurance Company ARE-Real Estate & Constr

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 893.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356908**

Amount of Each Receipt this Period  
 42.99

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

Mailing Address 935 Lancaster Rd..

City State Zip Code  
 Lake Zurich IL 60047

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

Name of Employer Occupation  
 Allstate Insurance Company ARE-Real Estate & Constr

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 936.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403050**

Amount of Each Receipt this Period  
 42.99

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 128.97

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

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

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

FOR LINE NUMBER: PAGE 126 OF 286  
(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. Jerry A Johnson**

Mailing Address 5233 Tree Way Lane South

City Jacksonville State FL Zip Code 32258

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230620**

Amount of Each Receipt this Period  
**18.45**

Full Name (Last, First, Middle Initial)  
**B. Jerry A Johnson**

Mailing Address 5233 Tree Way Lane South

City Jacksonville State FL Zip Code 32258

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.25**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2357092**

Amount of Each Receipt this Period  
**18.45**

Full Name (Last, First, Middle Initial)  
**C. Jerry A Johnson**

Mailing Address 5233 Tree Way Lane South

City Jacksonville State FL Zip Code 32258

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **402.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2403235**

Amount of Each Receipt this Period  
**18.45**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **55.35**

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

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

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

FOR LINE NUMBER: PAGE 127 OF 286  
(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. JAMES W JONSKE**

Mailing Address 1217 BARCLAY CIRCLE

City State Zip Code  
BARRINGTON IL 60010

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

Name of Employer Occupation  
Allstate Insurance Company VP-PO-Standard Auto

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **377.48**

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 02 / 2015  
**Transaction ID : A2015-2230529**

Amount of Each Receipt this Period  
**19.00**

Full Name (Last, First, Middle Initial)  
**B. JAMES W JONSKE**

Mailing Address 1217 BARCLAY CIRCLE

City State Zip Code  
BARRINGTON IL 60010

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

Name of Employer Occupation  
Allstate Insurance Company VP-PO-Standard Auto

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **396.48**

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 16 / 2015  
**Transaction ID : A2015-2357001**

Amount of Each Receipt this Period  
**19.00**

Full Name (Last, First, Middle Initial)  
**C. JAMES W JONSKE**

Mailing Address 1217 BARCLAY CIRCLE

City State Zip Code  
BARRINGTON IL 60010

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

Name of Employer Occupation  
Allstate Insurance Company VP-PO-Standard Auto

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **415.48**

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : A2015-2403143**

Amount of Each Receipt this Period  
**19.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **57.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 286
	<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. JOHN A KANE**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Ups N Downs Court

City Flemington State NJ Zip Code 08822

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **494.02**

Date of Receipt **10 / 02 / 2015**

**Transaction ID : A2015-2230359**

Amount of Each Receipt this Period **26.24**

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

Mailing Address 11 Ups N Downs Court

City Flemington State NJ Zip Code 08822

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.26**

Date of Receipt **10 / 16 / 2015**

**Transaction ID : A2015-2356833**

Amount of Each Receipt this Period **26.24**

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

Mailing Address 11 Ups N Downs Court

City Flemington State NJ Zip Code 08822

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **546.50**

Date of Receipt **10 / 30 / 2015**

**Transaction ID : A2015-2402974**

Amount of Each Receipt this Period **26.24**

**SUBTOTAL** of Receipts This Page (optional)..... **78.72**

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

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

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

FOR LINE NUMBER: PAGE 129 OF 286  
(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. TIMOTHY M KATHRENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 703 HIGHLAND CT  
 City State Zip Code  
 GRAYSLAKE IL 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Compliance-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230534**  
 Amount of Each Receipt this Period  
 19.22

**B. TIMOTHY M KATHRENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 703 HIGHLAND CT  
 City State Zip Code  
 GRAYSLAKE IL 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Compliance-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 399.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357006**  
 Amount of Each Receipt this Period  
 19.22

**C. TIMOTHY M KATHRENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 703 HIGHLAND CT  
 City State Zip Code  
 GRAYSLAKE IL 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Compliance-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 418.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403148**  
 Amount of Each Receipt this Period  
 19.22

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.66  
**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 130 OF 286
	<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-APL-Life Ins. & Broke
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1170.59**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230617**

Amount of Each Receipt this Period  

58.66
-------

**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-APL-Life Ins. & Broke
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1229.25**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2357089**

Amount of Each Receipt this Period  

58.66
-------

**C. 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-APL-Life Ins. & Broke
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1287.91**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403232**

Amount of Each Receipt this Period  

58.66
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>175.98</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 131 OF 286  
(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**

Full Name (Last, First, Middle Initial)  
**A. CRAIG A KELLER**

Mailing Address 958 N DEER AVE

City PALATINE      State IL      Zip Code 60067

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

Name of Employer Allstate Insurance Company      Occupation CR-Corporate Comm-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **232.00**

Date of Receipt  
**10 / 02 / 2015**

**Transaction ID : A2015-2230596**

Amount of Each Receipt this Period  
**29.00**

Full Name (Last, First, Middle Initial)  
**B. CRAIG A KELLER**

Mailing Address 958 N DEER AVE

City PALATINE      State IL      Zip Code 60067

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

Name of Employer Allstate Insurance Company      Occupation CR-Corporate Comm-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **261.00**

Date of Receipt  
**10 / 16 / 2015**

**Transaction ID : A2015-2357068**

Amount of Each Receipt this Period  
**29.00**

Full Name (Last, First, Middle Initial)  
**C. CRAIG A KELLER**

Mailing Address 958 N DEER AVE

City PALATINE      State IL      Zip Code 60067

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

Name of Employer Allstate Insurance Company      Occupation CR-Corporate Comm-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt  
**10 / 30 / 2015**

**Transaction ID : A2015-2403211**

Amount of Each Receipt this Period  
**29.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **87.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 286
	<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. 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-ABO-Portfolio Mgmt &  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1180.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230344**  
 Amount of Each Receipt this Period  
 59.08

**B. 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-ABO-Portfolio Mgmt &  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1239.93

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356818**  
 Amount of Each Receipt this Period  
 59.08

**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-ABO-Portfolio Mgmt &  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1299.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402959**  
 Amount of Each Receipt this Period  
 59.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 177.24  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 133 OF 286  
(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. BARBARA L KILROY**

Mailing Address 25396 W Columbia Bay Drive

City State Zip Code  
 Lake Villa IL 60046

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

Name of Employer Occupation  
 Allstate Insurance Company PF-Fin Analysis-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 444.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230393**

Amount of Each Receipt this Period  
 22.37

Full Name (Last, First, Middle Initial)  
**B. BARBARA L KILROY**

Mailing Address 25396 W Columbia Bay Drive

City State Zip Code  
 Lake Villa IL 60046

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

Name of Employer Occupation  
 Allstate Insurance Company PF-Fin Analysis-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 466.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356867**

Amount of Each Receipt this Period  
 22.37

Full Name (Last, First, Middle Initial)  
**C. BARBARA L KILROY**

Mailing Address 25396 W Columbia Bay Drive

City State Zip Code  
 Lake Villa IL 60046

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

Name of Employer Occupation  
 Allstate Insurance Company PF-Fin Analysis-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 488.77

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403008**

Amount of Each Receipt this Period  
 22.37

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 67.11

**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 134 OF 286  
(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. Stephen B King**

Mailing Address 1620 Monterey

City State Zip Code  
Glenview IL 60026

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

Name of Employer Occupation  
Allstate Insurance Company VP-HR-Leadership & Talent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**625.53**

Date of Receipt  
**10 / 02 / 2015**

**Transaction ID : A2015-2230605**

Amount of Each Receipt this Period  
**31.38**

Full Name (Last, First, Middle Initial)  
**B. Stephen B King**

Mailing Address 1620 Monterey

City State Zip Code  
Glenview IL 60026

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

Name of Employer Occupation  
Allstate Insurance Company VP-HR-Leadership & Talent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**656.91**

Date of Receipt  
**10 / 16 / 2015**

**Transaction ID : A2015-2357077**

Amount of Each Receipt this Period  
**31.38**

Full Name (Last, First, Middle Initial)  
**c. Stephen B King**

Mailing Address 1620 Monterey

City State Zip Code  
Glenview IL 60026

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

Name of Employer Occupation  
Allstate Insurance Company VP-HR-Leadership & Talent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**688.29**

Date of Receipt  
**10 / 30 / 2015**

**Transaction ID : A2015-2403220**

Amount of Each Receipt this Period  
**31.38**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **94.14**

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

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

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

FOR LINE NUMBER: PAGE 135 OF 286  
(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. Brian D Klemstein**

Mailing Address 608 Haddon Circle

City State Zip Code  
 Vernon Hills IL 60061

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

Name of Employer Occupation  
 Allstate Insurance Company INV-AFCO-Sr Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 330.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230599**

Amount of Each Receipt this Period  
 16.66

Full Name (Last, First, Middle Initial)  
**B. Brian D Klemstein**

Mailing Address 608 Haddon Circle

City State Zip Code  
 Vernon Hills IL 60061

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

Name of Employer Occupation  
 Allstate Insurance Company INV-AFCO-Sr Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 347.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357071**

Amount of Each Receipt this Period  
 16.66

Full Name (Last, First, Middle Initial)  
**C. Brian D Klemstein**

Mailing Address 608 Haddon Circle

City State Zip Code  
 Vernon Hills IL 60061

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

Name of Employer Occupation  
 Allstate Insurance Company INV-AFCO-Sr Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 364.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403214**

Amount of Each Receipt this Period  
 16.66

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 49.98

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

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

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

FOR LINE NUMBER: PAGE 136 OF 286  
(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 T KLODZINSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18699 W. State Line Road  
 City Antioch State IL Zip Code 60002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation PF-Fin Analysis-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 286.13

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230485**  
 Amount of Each Receipt this Period  
 14.43

**B. STEVEN T KLODZINSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18699 W. State Line Road  
 City Antioch State IL Zip Code 60002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation PF-Fin Analysis-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.56

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356957**  
 Amount of Each Receipt this Period  
 14.43

**C. STEVEN T KLODZINSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18699 W. State Line Road  
 City Antioch State IL Zip Code 60002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation PF-Fin Analysis-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 314.99

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403099**  
 Amount of Each Receipt this Period  
 14.43

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 43.29  
**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 138 OF 286  
(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. JEFFREY D KNIPP**  
 Full Name (Last, First, Middle Initial)  
 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 ALR-Cust Fulfillment-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **795.47**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230561**  
 Amount of Each Receipt this Period  
**40.14**

**B. JEFFREY D KNIPP**  
 Full Name (Last, First, Middle Initial)  
 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 ALR-Cust Fulfillment-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **835.61**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357033**  
 Amount of Each Receipt this Period  
**40.14**

**C. JEFFREY D KNIPP**  
 Full Name (Last, First, Middle Initial)  
 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 ALR-Cust Fulfillment-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **875.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403175**  
 Amount of Each Receipt this Period  
**40.14**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.42**  
**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 139 OF 286  
(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. JAIKRISHNA KUCHIMANCHI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4513 Jenna Rd  
 City State Zip Code  
 Glenview IL 84754-8321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Manager-Sr Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 762.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230506**  
 Amount of Each Receipt this Period  
 38.54

**B. JAIKRISHNA KUCHIMANCHI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4513 Jenna Rd  
 City State Zip Code  
 Glenview IL 84754-8321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Manager-Sr Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 801.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356978**  
 Amount of Each Receipt this Period  
 38.54

**C. JAIKRISHNA KUCHIMANCHI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4513 Jenna Rd  
 City State Zip Code  
 Glenview IL 84754-8321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Manager-Sr Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 839.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403120**  
 Amount of Each Receipt this Period  
 38.54

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.62  
**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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. J Wayne W KULLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2005 Henley St.  
 City State Zip Code  
 GLENVIEW IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-APL-Strategic Design  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 501.61

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230406**  
 Amount of Each Receipt this Period  
 25.22

**B. J Wayne W KULLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2005 Henley St.  
 City State Zip Code  
 GLENVIEW IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-APL-Strategic Design  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 526.83

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356879**  
 Amount of Each Receipt this Period  
 25.22

**C. J Wayne W KULLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2005 Henley St.  
 City State Zip Code  
 GLENVIEW IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-APL-Strategic Design  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 552.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403021**  
 Amount of Each Receipt this Period  
 25.22

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.66  
**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 141 OF 286  
(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. JEFFREY F LEASENDALE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 422 RIDGECREST RD NE  
 City ATLANTA State GA Zip Code 30307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-Lit Svcs Attorney-Sr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230377**  
 Amount of Each Receipt this Period  
 16.98

**B. JEFFREY F LEASENDALE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 422 RIDGECREST RD NE  
 City ATLANTA State GA Zip Code 30307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-Lit Svcs Attorney-Sr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 353.97

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356851**  
 Amount of Each Receipt this Period  
 16.98

**C. JEFFREY F LEASENDALE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 422 RIDGECREST RD NE  
 City ATLANTA State GA Zip Code 30307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-Lit Svcs Attorney-Sr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.95

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402992**  
 Amount of Each Receipt this Period  
 16.98

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.94  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 143 OF 286  
(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. CHARLES M LITTLE**

Mailing Address 20 STONEGATE POINT

City State Zip Code  
 HOT SPRINGS AR 71913

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

Name of Employer Occupation  
 Allstate Insurance Company ABD-FSL Growth-Assoc Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 277.80

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230548**

Amount of Each Receipt this Period  
 13.89

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

Mailing Address 20 STONEGATE POINT

City State Zip Code  
 HOT SPRINGS AR 71913

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

Name of Employer Occupation  
 Allstate Insurance Company ABD-FSL Growth-Assoc Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 291.69

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357020**

Amount of Each Receipt this Period  
 13.89

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

Mailing Address 20 STONEGATE POINT

City State Zip Code  
 HOT SPRINGS AR 71913

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

Name of Employer Occupation  
 Allstate Insurance Company ABD-FSL Growth-Assoc Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 305.58

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403162**

Amount of Each Receipt this Period  
 13.89

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 41.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 286
	<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. 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-ATSV-Bus Prtn-Claims
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1270.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230618**

Amount of Each Receipt this Period  
63.67

**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-ATSV-Bus Prtn-Claims
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1334.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2357090**

Amount of Each Receipt this Period  
63.67

**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-ATSV-Bus Prtn-Claims
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1397.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403233**

Amount of Each Receipt this Period  
63.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	191.01
<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 145 OF 286  
(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. ANGELA M Lovest**

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 Ag Ops-Strategy & Ops-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
647.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230386**

Amount of Each Receipt this Period  
29.65

Full Name (Last, First, Middle Initial)  
**B. ANGELA M Lovest**

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 Ag Ops-Strategy & Ops-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
676.77

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356860**

Amount of Each Receipt this Period  
29.65

Full Name (Last, First, Middle Initial)  
**C. ANGELA M Lovest**

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 Ag Ops-Strategy & Ops-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
706.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403001**

Amount of Each Receipt this Period  
29.65

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.95

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

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

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

FOR LINE NUMBER: PAGE 146 OF 286  
(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. RHONDA J LOWE**

Mailing Address 2501 Catocin Court Unit 3A

City State Zip Code  
 Frederick MD 21702

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

Name of Employer Occupation  
 Allstate Insurance Company Claims-Field Leadership R

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 323.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230518**

Amount of Each Receipt this Period  
 16.32

Full Name (Last, First, Middle Initial)  
**B. RHONDA J LOWE**

Mailing Address 2501 Catocin Court Unit 3A

City State Zip Code  
 Frederick MD 21702

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

Name of Employer Occupation  
 Allstate Insurance Company Claims-Field Leadership R

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 339.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356990**

Amount of Each Receipt this Period  
 16.32

Full Name (Last, First, Middle Initial)  
**C. RHONDA J LOWE**

Mailing Address 2501 Catocin Court Unit 3A

City State Zip Code  
 Frederick MD 21702

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

Name of Employer Occupation  
 Allstate Insurance Company Claims-Field Leadership R

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 356.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403132**

Amount of Each Receipt this Period  
 16.32

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 48.96

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

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

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

FOR LINE NUMBER: PAGE 147 OF 286  
(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. GREGORY J LUCETT**

Mailing Address P.O. BOX 9242

City State Zip Code  
 GLENDALE CA 91226

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

Name of Employer Occupation  
 Allstate Insurance Company L&R-Lit Svcs Attorney-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 773.44

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230581**

Amount of Each Receipt this Period  
 39.05

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

Mailing Address P.O. BOX 9242

City State Zip Code  
 GLENDALE CA 91226

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

Name of Employer Occupation  
 Allstate Insurance Company L&R-Lit Svcs Attorney-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 812.49

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357053**

Amount of Each Receipt this Period  
 39.05

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

Mailing Address P.O. BOX 9242

City State Zip Code  
 GLENDALE CA 91226

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

Name of Employer Occupation  
 Allstate Insurance Company L&R-Lit Svcs Attorney-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 851.54

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403196**

Amount of Each Receipt this Period  
 39.05

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 286
	<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. COREY C LUECHT**  
Full Name (Last, First, Middle Initial)

Mailing Address 843 Spring Cove Dr

City State Zip Code  
SCHAUMBURG IL 60193

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.73

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2015  
**Transaction ID : A2015-2230484**

Amount of Each Receipt this Period  
23.39

**B. COREY C LUECHT**  
Full Name (Last, First, Middle Initial)

Mailing Address 843 Spring Cove Dr

City State Zip Code  
SCHAUMBURG IL 60193

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
489.12

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2015  
**Transaction ID : A2015-2356956**

Amount of Each Receipt this Period  
23.39

**C. COREY C LUECHT**  
Full Name (Last, First, Middle Initial)

Mailing Address 843 Spring Cove Dr

City State Zip Code  
SCHAUMBURG IL 60193

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
512.51

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : A2015-2403098**

Amount of Each Receipt this Period  
23.39

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.17

**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 149 OF 286
	<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. BENJAMIN E LUMICAO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9655 Woods Drive Unit 708

City Skokie	State IL	Zip Code 60077
----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation L&R-Ins Ops Attorney-Sr E
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **722.17**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230496**

Amount of Each Receipt this Period  

36.23
-------

**B. BENJAMIN E LUMICAO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9655 Woods Drive Unit 708

City Skokie	State IL	Zip Code 60077
----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation L&R-Ins Ops Attorney-Sr E
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **758.40**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356968**

Amount of Each Receipt this Period  

36.23
-------

**C. BENJAMIN E LUMICAO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9655 Woods Drive Unit 708

City Skokie	State IL	Zip Code 60077
----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation L&R-Ins Ops Attorney-Sr E
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **794.63**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403110**

Amount of Each Receipt this Period  

36.23
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>108.69</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 150 OF 286
	<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. 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 EVP-AB2B-President Busine  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2327.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230616**  
 Amount of Each Receipt this Period  
 117.69

**B. 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 EVP-AB2B-President Busine  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2445.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357088**  
 Amount of Each Receipt this Period  
 117.69

**C. 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 EVP-AB2B-President Busine  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2563.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403231**  
 Amount of Each Receipt this Period  
 117.69

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	353.07
<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 151 OF 286  
(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. DANIEL J MACDONALD**

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code  
CASTLE ROCK CO 80104

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

Name of Employer Occupation  
Allstate Insurance Company ABD-FSL Growth-Assoc Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230540**

Amount of Each Receipt this Period  
22.90

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

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code  
CASTLE ROCK CO 80104

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

Name of Employer Occupation  
Allstate Insurance Company ABD-FSL Growth-Assoc Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357012**

Amount of Each Receipt this Period  
22.90

Full Name (Last, First, Middle Initial)  
**C. DANIEL J MACDONALD**

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code  
CASTLE ROCK CO 80104

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

Name of Employer Occupation  
Allstate Insurance Company ABD-FSL Growth-Assoc Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
503.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403154**

Amount of Each Receipt this Period  
22.90

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 68.70

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

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

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

FOR LINE NUMBER: PAGE 152 OF 286  
(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. KENNETH P MARCOTTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2311 HAVERTON DR  
 City State Zip Code  
 MUNDELEIN IL 60060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-INV-Finance  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 502.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230442**  
 Amount of Each Receipt this Period  
 25.31

**B. KENNETH P MARCOTTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2311 HAVERTON DR  
 City State Zip Code  
 MUNDELEIN IL 60060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-INV-Finance  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 527.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356915**  
 Amount of Each Receipt this Period  
 25.31

**C. KENNETH P MARCOTTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2311 HAVERTON DR  
 City State Zip Code  
 MUNDELEIN IL 60060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-INV-Finance  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 553.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403057**  
 Amount of Each Receipt this Period  
 25.31

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.93  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 153 OF 286  
(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. Rhonda J Masser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4807 Wildwood Dr  
 City McHenry State IL Zip Code 60051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation HR-Client Partnership-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **846.97**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230425**  
 Amount of Each Receipt this Period  
**42.63**

**B. Rhonda J Masser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4807 Wildwood Dr  
 City McHenry State IL Zip Code 60051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation HR-Client Partnership-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **889.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356898**  
 Amount of Each Receipt this Period  
**42.63**

**C. Rhonda J Masser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4807 Wildwood Dr  
 City McHenry State IL Zip Code 60051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation HR-Client Partnership-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **932.23**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403040**  
 Amount of Each Receipt this Period  
**42.63**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **127.89**  
**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: (check only one)	PAGE 154 OF 286
	<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. THOMAS R MATHES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24671 Salmon River Place

City	State	Zip Code
Aldie	VA	20105

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

Name of Employer	Occupation
Allstate Insurance Company	PIM Fld-State Mgr-Top Exp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.86**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2402963**

Amount of Each Receipt this Period  

6	5	4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0

**18.26**

**B. JOHN R MATHEWS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 401 E NORTH AVENUE

City	State	Zip Code
LAKE BLUFF	IL	60044

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

Name of Employer	Occupation
Allstate Insurance Company	L&R-Gov & Ind Rel Attorne

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **463.60**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230497**

Amount of Each Receipt this Period  

6	5	4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0

**23.27**

**C. JOHN R MATHEWS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 401 E NORTH AVENUE

City	State	Zip Code
LAKE BLUFF	IL	60044

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

Name of Employer	Occupation
Allstate Insurance Company	L&R-Gov & Ind Rel Attorne

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **486.87**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356969**

Amount of Each Receipt this Period  

6	5	4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0

**23.27**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>64.80</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 155 OF 286
	<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. JOHN R MATHEWS**  
Full Name (Last, First, Middle Initial)

Mailing Address 401 E NORTH AVENUE

City LAKE BLUFF State IL Zip Code 60044

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

Name of Employer Allstate Insurance Company Occupation L&R-Gov & Ind Rel Attorne

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.14

Date of Receipt 10 / 30 / 2015  
**Transaction ID : A2015-2403111**

Amount of Each Receipt this Period 23.27

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

Mailing Address 25748 N. Stoney Kirk 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 L&R-Ins Ops Attorney-Top

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 857.23

Date of Receipt 10 / 02 / 2015  
**Transaction ID : A2015-2230456**

Amount of Each Receipt this Period 42.94

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

Mailing Address 25748 N. Stoney Kirk 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 L&R-Ins Ops Attorney-Top

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.17

Date of Receipt 10 / 16 / 2015  
**Transaction ID : A2015-2356929**

Amount of Each Receipt this Period 42.94

**SUBTOTAL** of Receipts This Page (optional).....▶ 109.15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 286
	<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. JOHN A MC LAUGHLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25748 N. Stoney Kirk 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 L&R-Ins Ops Attorney-Top  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **943.11**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : A2015-2403071**  
 Amount of Each Receipt this Period **42.94**

**B. LINDA H MCCLELLAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5561 Hilltop Lane  
 City Libertyville State IL Zip Code 60048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership R  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **335.31**

Date of Receipt **10 / 02 / 2015**  
**Transaction ID : A2015-2230552**  
 Amount of Each Receipt this Period **16.84**

**C. LINDA H MCCLELLAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5561 Hilltop Lane  
 City Libertyville State IL Zip Code 60048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership R  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **352.15**

Date of Receipt **10 / 16 / 2015**  
**Transaction ID : A2015-2357024**  
 Amount of Each Receipt this Period **16.84**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>76.62</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 157 OF 286  
(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. LINDA H MCCLELLAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5561 Hilltop Lane  
 City Libertyville State IL Zip Code 60048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership R  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 368.99

Date of Receipt 10 / 30 / 2015  
**Transaction ID : A2015-2403166**  
 Amount of Each Receipt this Period 16.84

**B. SCOTT A MCCONNELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21722 N TIMBER RIDGE CT  
 City KILDEER State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation INV-Manager-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.56

Date of Receipt 10 / 02 / 2015  
**Transaction ID : A2015-2230422**  
 Amount of Each Receipt this Period 20.92

**C. SCOTT A MCCONNELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21722 N TIMBER RIDGE CT  
 City KILDEER State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation INV-Manager-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 437.48

Date of Receipt 10 / 16 / 2015  
**Transaction ID : A2015-2356895**  
 Amount of Each Receipt this Period 20.92

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 58.68  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(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. SCOTT A MCCONNELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21722 N TIMBER RIDGE CT  
 City State Zip Code  
 KILDEER IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company INV-Manager-Dir  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **458.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403037**  
 Amount of Each Receipt this Period  
**20.92**

**B. THOMAS R MCDONNELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1519 Lincoln Street  
 City State Zip Code  
 EVANSTON IL 60201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-PF-Property & Casualty  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **862.65**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230539**  
 Amount of Each Receipt this Period  
**57.51**

**C. THOMAS R MCDONNELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1519 Lincoln Street  
 City State Zip Code  
 EVANSTON IL 60201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-PF-Property & Casualty  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **920.16**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357011**  
 Amount of Each Receipt this Period  
**57.51**

**SUBTOTAL** of Receipts This Page (optional)..... **135.94**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 159 OF 286  
(check only one)  
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 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. THOMAS R MCDONNELL**

Mailing Address 1519 Lincoln Street

City State Zip Code  
EVANSTON IL 60201

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

Name of Employer Occupation  
Allstate Insurance Company VP-PF-Property & Casualty

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
977.67

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403153**

Amount of Each Receipt this Period  
57.51

Full Name (Last, First, Middle Initial)  
**B. LEE L McElroy**

Mailing Address 7808 ROYAL SYDNEY DR

City State Zip Code  
GAINESVILLE VA 20155

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

Name of Employer Occupation  
Allstate Insurance Company ABD-Regional Financial Sa

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
367.98

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230575**

Amount of Each Receipt this Period  
18.50

Full Name (Last, First, Middle Initial)  
**C. LEE L McElroy**

Mailing Address 7808 ROYAL SYDNEY DR

City State Zip Code  
GAINESVILLE VA 20155

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

Name of Employer Occupation  
Allstate Insurance Company ABD-Regional Financial Sa

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
386.48

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357047**

Amount of Each Receipt this Period  
18.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 94.51

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



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

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

FOR LINE NUMBER: PAGE 161 OF 286  
(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. PETER A MCELVAIN**

Mailing Address 587 RIFORD ROAD

City State Zip Code  
 GLEN ELLYN IL 60137

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

Name of Employer Occupation  
 Allstate Insurance Company L&R-Investment Attorney-T

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 546.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403084**

Amount of Each Receipt this Period  
 45.50

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

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code  
 GURNEE IL 60031

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-CLAIMS-Centralized Se

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 665.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230569**

Amount of Each Receipt this Period  
 33.48

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

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code  
 GURNEE IL 60031

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-CLAIMS-Centralized Se

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 699.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357041**

Amount of Each Receipt this Period  
 33.48

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 112.46

**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

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(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 A MCGILLIVRAY**

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code  
 GURNEE IL 60031

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-CLAIMS-Centralized Se

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 732.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403184**

Amount of Each Receipt this Period  
 33.48

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

Mailing Address 4109 W Bath Road

City State Zip Code  
 Akron OH 44333

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

Name of Employer Occupation  
 Allstate Insurance Company Claims-Field Leadership-D

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 934.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230568**

Amount of Each Receipt this Period  
 46.81

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

Mailing Address 4109 W Bath Road

City State Zip Code  
 Akron OH 44333

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

Name of Employer Occupation  
 Allstate Insurance Company Claims-Field Leadership-D

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 980.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357040**

Amount of Each Receipt this Period  
 46.81

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 127.10

**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 163 OF 286
	<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. EVA M MCINTEE**

Mailing Address 4109 W Bath Road

City Akron	State OH	Zip Code 44333
---------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Claims-Field Leadership-D
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1027.75

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403182**

Amount of Each Receipt this Period  
46.81

Full Name (Last, First, Middle Initial)  
**B. JEFFREY J MCRAE**

Mailing Address 25365 N. Northbridge RD

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-ATSV-Technology Strat
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
574.58

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230414**

Amount of Each Receipt this Period  
30.51

Full Name (Last, First, Middle Initial)  
**C. JEFFREY J MCRAE**

Mailing Address 25365 N. Northbridge RD

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-ATSV-Technology Strat
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
605.09

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356887**

Amount of Each Receipt this Period  
30.51

<b>SUBTOTAL</b> of Receipts This Page (optional).....	107.83
<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 164 OF 286  
(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 J MCRAE**

Mailing Address 25365 N. Northbridge RD

City State Zip Code  
 Hawthorn Woods IL 60047

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-ATSV-Technology Strat

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 635.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403029**

Amount of Each Receipt this Period  
 30.51

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

Mailing Address 76 Logan Loop

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-FSS-Treasurer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1438.89

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230619**

Amount of Each Receipt this Period  
 72.00

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

Mailing Address 76 Logan Loop

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-FSS-Treasurer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1510.89

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357091**

Amount of Each Receipt this Period  
 72.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 174.51

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

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

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

FOR LINE NUMBER: PAGE 165 OF 286  
(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. Jesse E Merten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 Logan Loop  
 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-FSS-Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1582.89

Date of Receipt 10 / 30 / 2015  
**Transaction ID : A2015-2403234**  
 Amount of Each Receipt this Period 72.00

**B. HANS H METZINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 407 E. CLAIRE LANE  
 City PROSPECT HTS State IL Zip Code 60070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Fld SSD-Sales Ops-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.44

Date of Receipt 10 / 02 / 2015  
**Transaction ID : A2015-2230478**  
 Amount of Each Receipt this Period 19.92

**C. HANS H METZINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 407 E. CLAIRE LANE  
 City PROSPECT HTS State IL Zip Code 60070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Fld SSD-Sales Ops-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.36

Date of Receipt 10 / 16 / 2015  
**Transaction ID : A2015-2356950**  
 Amount of Each Receipt this Period 19.92

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 111.84  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 166 OF 286  
(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. HANS H METZINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 407 E. CLAIRE LANE  
 City State Zip Code  
 PROSPECT HTS IL 60070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Fld SSD-Sales Ops-Sr Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 415.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403092**  
 Amount of Each Receipt this Period  
 19.92

**B. JOHN W MICHELI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2245 Hazeltime Drive  
 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-ABO-Enterprise Servc  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 439.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230362**  
 Amount of Each Receipt this Period  
 22.14

**C. JOHN W MICHELI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2245 Hazeltime Drive  
 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-ABO-Enterprise Servc  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 462.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356836**  
 Amount of Each Receipt this Period  
 22.14

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 64.20  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 167 OF 286  
(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 W MICHELI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2245 Hazeltine Drive  
 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-ABO-Enterprise Servic  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 484.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402977**  
 Amount of Each Receipt this Period  
 22.14

**B. FREDERICK J MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16343 Smith Mountain Lake Parkway  
 City State Zip Code  
 Huddleston VA 24104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ABD-Territory Sales Leade  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 670.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230421**  
 Amount of Each Receipt this Period  
 35.46

**C. FREDERICK J MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16343 Smith Mountain Lake Parkway  
 City State Zip Code  
 Huddleston VA 24104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ABD-Territory Sales Leade  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 706.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356894**  
 Amount of Each Receipt this Period  
 35.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 93.06  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 169 OF 286  
(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 M MILLER**

Mailing Address 436 N. Harrison St

City State Zip Code  
 ALGONQUIN IL 60102

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

Name of Employer Occupation  
 Allstate Insurance Company VP-AF-Technology

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 572.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403135**

Amount of Each Receipt this Period  
 26.16

Full Name (Last, First, Middle Initial)  
**B. AMY B MILLS**

Mailing Address 1145 Norman Lane

City State Zip Code  
 Deerfield IL 60015

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

Name of Employer Occupation  
 Allstate Insurance Company VP-HR-HR Business Partner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 457.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230587**

Amount of Each Receipt this Period  
 23.08

Full Name (Last, First, Middle Initial)  
**C. AMY B MILLS**

Mailing Address 1145 Norman Lane

City State Zip Code  
 Deerfield IL 60015

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

Name of Employer Occupation  
 Allstate Insurance Company VP-HR-HR Business Partner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357059**

Amount of Each Receipt this Period  
 23.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.32

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 286
	<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. AMY B MILLS</b>		Date of Receipt
Mailing Address 1145 Norman Lane		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : A2015-2403202</b>
Deerfield	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="23.08"/>
	60015	
Name of Employer	Occupation	
Allstate Insurance Company	VP-HR-HR Business Partner	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="503.84"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ALLISON MISQUEZ</b>		Date of Receipt
Mailing Address 578 Patriot Court		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : A2015-2230573</b>
Gurnee	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="15.21"/>
	60031	
Name of Employer	Occupation	
Allstate Insurance Company	ATO-Manager-Mgr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="302.85"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ALLISON MISQUEZ</b>		Date of Receipt
Mailing Address 578 Patriot Court		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : A2015-2357045</b>
Gurnee	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="15.21"/>
	60031	
Name of Employer	Occupation	
Allstate Insurance Company	ATO-Manager-Mgr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="318.06"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="53.50"/>
<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 171 OF 286  
(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. ALLISON MISQUEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 578 Patriot Court  
 City Gurnee State IL Zip Code 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.27

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403188**  
 Amount of Each Receipt this Period  
 15.21

**B. AMBER L MITCHELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 922 Cleveland Ave  
 City Park Ridge State IL Zip Code 60068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-Investment Attorney-S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230595**  
 Amount of Each Receipt this Period  
 13.44

**C. AMBER L MITCHELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 922 Cleveland Ave  
 City Park Ridge State IL Zip Code 60068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-Investment Attorney-S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 264.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357067**  
 Amount of Each Receipt this Period  
 13.44

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 42.09  
**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 172 OF 286  
(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. AMBER L MITCHELL**

Mailing Address 922 Cleveland Ave

City State Zip Code  
 Park Ridge IL 60068

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

Name of Employer Occupation  
 Allstate Insurance Company L&R-Investment Attorney-S

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 277.59

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403210**

Amount of Each Receipt this Period  
 13.44

Full Name (Last, First, Middle Initial)  
**B. ALLISON L MOE**

Mailing Address 215 Brampton 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-PO-Product Vice Presid

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 569.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230458**

Amount of Each Receipt this Period  
 31.67

Full Name (Last, First, Middle Initial)  
**C. ALLISON L MOE**

Mailing Address 215 Brampton 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-PO-Product Vice Presid

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356930**

Amount of Each Receipt this Period  
 31.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.78

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 173 OF 286
	(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

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

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

Full Name (Last, First, Middle Initial)  
**A. ALLISON L MOE**

Mailing Address 215 Brampton 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-PO-Product Vice Presid

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **632.42**

Date of Receipt  
**10 / 30 / 2015**

**Transaction ID : A2015-2403072**

Amount of Each Receipt this Period  
**31.67**

Full Name (Last, First, Middle Initial)  
**B. JAMES R MOSELEY**

Mailing Address 1709 Montclair Blvd

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Allstate Insurance Company HR-Client Partner Field B

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **351.10**

Date of Receipt  
**10 / 02 / 2015**

**Transaction ID : A2015-2230403**

Amount of Each Receipt this Period  
**17.67**

Full Name (Last, First, Middle Initial)  
**C. JAMES R MOSELEY**

Mailing Address 1709 Montclair Blvd

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Allstate Insurance Company HR-Client Partner Field B

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **368.77**

Date of Receipt  
**10 / 16 / 2015**

**Transaction ID : A2015-2356877**

Amount of Each Receipt this Period  
**17.67**

**SUBTOTAL** of Receipts This Page (optional)..... **67.01**

**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 174 OF 286
	<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 R MOSELEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1709 Montclair Blvd

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Allstate Insurance Company HR-Client Partner Field B

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
386.44

Date of Receipt  
10 / 30 / 2015  
**Transaction ID : A2015-2403018**

Amount of Each Receipt this Period  
17.67

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

Mailing Address 642 Maple Lane

City State Zip Code  
Batavia IL 60510

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

Name of Employer Occupation  
Allstate Insurance Company L&R-Ins Ops Attorney-Sr E

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
278.78

Date of Receipt  
10 / 02 / 2015  
**Transaction ID : A2015-2230462**

Amount of Each Receipt this Period  
16.15

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

Mailing Address 642 Maple Lane

City State Zip Code  
Batavia IL 60510

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

Name of Employer Occupation  
Allstate Insurance Company L&R-Ins Ops Attorney-Sr E

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.93

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : A2015-2356934**

Amount of Each Receipt this Period  
16.15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 49.97

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

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

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

FOR LINE NUMBER: PAGE 175 OF 286  
(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. DAVID J MUELLER**

Mailing Address 642 Maple Lane

City State Zip Code  
 Batavia IL 60510

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

Name of Employer Occupation  
 Allstate Insurance Company L&R-Ins Ops Attorney-Sr E

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 311.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403076**

Amount of Each Receipt this Period  
 16.15

Full Name (Last, First, Middle Initial)  
**B. MEGHAN O MULVIHILL**

Mailing Address 2445 CHERRY LANE

City State Zip Code  
 Northbrook IL 60062

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

Name of Employer Occupation  
 Allstate Insurance Company L&R-State Filings-Dir

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 840.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230396**

Amount of Each Receipt this Period  
 42.47

Full Name (Last, First, Middle Initial)  
**C. MEGHAN O MULVIHILL**

Mailing Address 2445 CHERRY LANE

City State Zip Code  
 Northbrook IL 60062

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

Name of Employer Occupation  
 Allstate Insurance Company L&R-State Filings-Dir

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 882.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356870**

Amount of Each Receipt this Period  
 42.47

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 101.09

**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 176 OF 286  
(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. MEGHAN O MULVIHILL**

Mailing Address 2445 CHERRY LANE

City State Zip Code  
 NORTHBROOK IL 60062

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

Name of Employer Occupation  
 Allstate Insurance Company L&R-State Filings-Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **925.25**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2403011**

Amount of Each Receipt this Period  
**42.47**

Full Name (Last, First, Middle Initial)  
**B. MICHAEL F MULVIHILL**

Mailing Address 2445 CHERRY LANE

City State Zip Code  
 NORTHBROOK IL 60062

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

Name of Employer Occupation  
 Allstate Insurance Company L&R-Corp/Claim Lit Attorn

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **911.35**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230439**

Amount of Each Receipt this Period  
**45.77**

Full Name (Last, First, Middle Initial)  
**C. MICHAEL F MULVIHILL**

Mailing Address 2445 CHERRY LANE

City State Zip Code  
 NORTHBROOK IL 60062

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

Name of Employer Occupation  
 Allstate Insurance Company L&R-Corp/Claim Lit Attorn

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **957.12**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2356912**

Amount of Each Receipt this Period  
**45.77**

**SUBTOTAL** of Receipts This Page (optional)..... ► **134.01**

**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 177 OF 286
	<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 L&R-Corp/Claim Lit Attorn

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1002.89

Date of Receipt 10 / 30 / 2015  
**Transaction ID : A2015-2403054**

Amount of Each Receipt this Period 45.77

**B. JAMES E MURRAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 23665 N. HILLFARM RD

City LAKE BARRINGTON State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation VP-CLAIMS-Claims Executiv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.90

Date of Receipt 10 / 02 / 2015  
**Transaction ID : A2015-2230341**

Amount of Each Receipt this Period 56.07

**C. JAMES E MURRAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 23665 N. HILLFARM RD

City LAKE BARRINGTON State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation VP-CLAIMS-Claims Executiv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1006.97

Date of Receipt 10 / 16 / 2015  
**Transaction ID : A2015-2356815**

Amount of Each Receipt this Period 56.07

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 157.91

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

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

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

FOR LINE NUMBER: PAGE 178 OF 286  
(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. JAMES E MURRAY**

Mailing Address 23665 N. HILLFARM RD

City State Zip Code  
 LAKE BARRINGTON IL 60010

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

Name of Employer Occupation  
 Allstate Insurance Company VP-CLAIMS-Claims Executiv

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1063.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402956**

Amount of Each Receipt this Period  
 56.07

Full Name (Last, First, Middle Initial)  
**B. DON J MYKETIAK**

Mailing Address 28W770 HAWTHORNE LANE

City State Zip Code  
 WEST CHICAGO IL 60185

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

Name of Employer Occupation  
 Allstate Insurance Company FSS-Accounting-Sr Mgr

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 320.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230477**

Amount of Each Receipt this Period  
 16.14

Full Name (Last, First, Middle Initial)  
**C. DON J MYKETIAK**

Mailing Address 28W770 HAWTHORNE LANE

City State Zip Code  
 WEST CHICAGO IL 60185

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

Name of Employer Occupation  
 Allstate Insurance Company FSS-Accounting-Sr Mgr

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 336.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356949**

Amount of Each Receipt this Period  
 16.14

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.35

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 286
	<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. DON J MYKETIAK**  
Full Name (Last, First, Middle Initial)

Mailing Address 28W770 HAWTHORNE LANE

City WEST CHICAGO	State IL	Zip Code 60185
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation FSS-Accounting-Sr Mgr
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **352.65**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403091**

Amount of Each Receipt this Period  

16.14
-------

**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-L&R-Protection Law
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1370.67**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230513**

Amount of Each Receipt this Period  

69.06
-------

**C. 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-L&R-Protection Law
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1439.73**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356985**

Amount of Each Receipt this Period  

69.06
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>154.26</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 180 OF 286
	<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. 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-L&R-Protection Law  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1508.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403127**  
 Amount of Each Receipt this Period  
 69.06

**B. DANIEL C NECASTRO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22622 N. LINDEN DR  
 City LAKE BARRINGTON State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-ATSV-Bus Prtn-Busines  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1049.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230432**  
 Amount of Each Receipt this Period  
 74.95

**C. DANIEL C NECASTRO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22622 N. LINDEN DR  
 City LAKE BARRINGTON State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-ATSV-Bus Prtn-Busines  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1124.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356905**  
 Amount of Each Receipt this Period  
 74.95

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	218.96
<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 181 OF 286
	<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. DANIEL C NECASTRO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22622 N. LINDEN DR  
City LAKE BARRINGTON State IL Zip Code 60010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation SVP-ATSV-Bus Prtn-Busines  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1199.20

Date of Receipt 10 / 30 / 2015  
**Transaction ID : A2015-2403047**  
Amount of Each Receipt this Period 74.95

**B. Stephanie D Neely**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1140 E 44th St.  
City Chicago State IL Zip Code 60653  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation VP-FSS-Assistant Treasure  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 361.58

Date of Receipt 10 / 02 / 2015  
**Transaction ID : A2015-2230636**  
Amount of Each Receipt this Period 23.08

**C. Stephanie D Neely**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1140 E 44th St.  
City Chicago State IL Zip Code 60653  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation VP-FSS-Assistant Treasure  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 384.66

Date of Receipt 10 / 16 / 2015  
**Transaction ID : A2015-2357108**  
Amount of Each Receipt this Period 23.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 121.11  
**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: (check only one)	PAGE 182 OF 286
	<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**

Full Name (Last, First, Middle Initial)  
**A. Stephanie D Neely**

Mailing Address 1140 E 44th St.

City Chicago	State IL	Zip Code 60653
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-FSS-Assistant Treasure
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **407.74**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403251**

Amount of Each Receipt this Period  
**23.08**

Full Name (Last, First, Middle Initial)  
**B. PATRICK K NOLL**

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-L&R-Enterprise Busine
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.64**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230555**

Amount of Each Receipt this Period  
**65.32**

Full Name (Last, First, Middle Initial)  
**C. PATRICK K NOLL**

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-L&R-Enterprise Busine
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1365.96**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357027**

Amount of Each Receipt this Period  
**65.32**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>153.72</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 183 OF 286  
(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. PATRICK K NOLL**

Mailing Address 22451 THORNBURY CT

City State Zip Code  
 DEER PARK IL 60010

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-L&R-Enterprise Busine

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1431.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403169**

Amount of Each Receipt this Period  
 65.32

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

Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code  
 LAKE ZURICH IL 60047

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

Name of Employer Occupation  
 Allstate Insurance Company ALR-Cust Fulfillment-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 447.42

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230426**

Amount of Each Receipt this Period  
 22.47

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

Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code  
 LAKE ZURICH IL 60047

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

Name of Employer Occupation  
 Allstate Insurance Company ALR-Cust Fulfillment-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 469.89

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356899**

Amount of Each Receipt this Period  
 22.47

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **110.26**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 286
	<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. RICHARD C O'BRIEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 574 S. COUNTRY RIDGE

City LAKE ZURICH	State IL	Zip Code 60047
---------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ALR-Cust Fulfillment-Dir
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
492.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403041**

Amount of Each Receipt this Period  
22.47

**B. BRIAN G O'SULLIVAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1609 ONEIDA COURT

City MT PROSPECT	State IL	Zip Code 60056
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.09

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230499**

Amount of Each Receipt this Period  
11.77

**C. BRIAN G O'SULLIVAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1609 ONEIDA COURT

City MT PROSPECT	State IL	Zip Code 60056
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.86

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356971**

Amount of Each Receipt this Period  
11.77

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	46.01
<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 185 OF 286
	<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. BRIAN G O'SULLIVAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1609 ONEIDA COURT  
City MT PROSPECT State IL Zip Code 60056  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation ATO-Manager-Sr Mgr  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 257.63

Date of Receipt 10 / 30 / 2015  
**Transaction ID : A2015-2403113**  
Amount of Each Receipt this Period 11.77

**B. MICHAEL C OCONNOR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1231 Isabella Street  
City Evanston State IL Zip Code 60201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation Mktg-Regional HO-Dir  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 329.36

Date of Receipt 10 / 02 / 2015  
**Transaction ID : A2015-2230441**  
Amount of Each Receipt this Period 16.63

**C. MICHAEL C OCONNOR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1231 Isabella Street  
City Evanston State IL Zip Code 60201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation Mktg-Regional HO-Dir  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 345.99

Date of Receipt 10 / 16 / 2015  
**Transaction ID : A2015-2356914**  
Amount of Each Receipt this Period 16.63

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.03  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 186 OF 286  
(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 C OCONNOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1231 Isabella Street  
 City Evanston State IL Zip Code 60201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Mktg-Regional HO-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 362.62

Date of Receipt 10 / 30 / 2015  
**Transaction ID : A2015-2403056**  
 Amount of Each Receipt this Period 16.63

**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 L&R-Ins Ops Attorney-Top  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 841.45

Date of Receipt 10 / 02 / 2015  
**Transaction ID : A2015-2230417**  
 Amount of Each Receipt this Period 42.23

**C. 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 L&R-Ins Ops Attorney-Top  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 883.68

Date of Receipt 10 / 16 / 2015  
**Transaction ID : A2015-2356890**  
 Amount of Each Receipt this Period 42.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 101.09  
**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 187 OF 286
	(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**

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

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 L&R-Ins Ops Attorney-Top
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
925.91

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403032**

Amount of Each Receipt this Period  
42.23

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

Mailing Address 1677 Lee Road

City Clearwater	State FL	Zip Code 33765
--------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Claims-Field Leadership F
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1045.86

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230413**

Amount of Each Receipt this Period  
52.66

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

Mailing Address 1677 Lee Road

City Clearwater	State FL	Zip Code 33765
--------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Claims-Field Leadership F
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1098.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356886**

Amount of Each Receipt this Period  
52.66

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	147.55
<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 188 OF 286  
(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. PAMELA J OVERTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1677 Lee Road  
 City Clearwater State FL Zip Code 33765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership F  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1151.18

Date of Receipt 10 / 30 / 2015  
**Transaction ID : A2015-2403028**  
 Amount of Each Receipt this Period 52.66

**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-PO-Homeowners  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 947.14

Date of Receipt 10 / 02 / 2015  
**Transaction ID : A2015-2230508**  
 Amount of Each Receipt this Period 47.67

**C. 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-PO-Homeowners  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 994.81

Date of Receipt 10 / 16 / 2015  
**Transaction ID : A2015-2356980**  
 Amount of Each Receipt this Period 47.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 148.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 286
	<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**

Full Name (Last, First, Middle Initial) <b>A. LAURIE PELLOUCHOUD</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 <b>Transaction ID : A2015-2403122</b>
Mailing Address 1447 PLEASANT		Amount of Each Receipt this Period 47.67
City GLENVIEW	State IL	Zip Code 60025
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1042.48	
Name of Employer Allstate Insurance Company	Occupation VP-PO-Homeowners	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Opal G Perry</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 <b>Transaction ID : A2015-2230624</b>
Mailing Address 2775 N. Sanders Rd.		Amount of Each Receipt this Period 48.61
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 966.85	
Name of Employer Allstate Insurance Company	Occupation VP-ATSV-International COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>c. Opal G Perry</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 <b>Transaction ID : A2015-2357096</b>
Mailing Address 2775 N. Sanders Rd.		Amount of Each Receipt this Period 48.61
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1015.46	
Name of Employer Allstate Insurance Company	Occupation VP-ATSV-International COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	144.89
<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 190 OF 286
	<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 2775 N. Sanders Rd.

City Northbrook State IL Zip Code 60062

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

Name of Employer Allstate Insurance Company Occupation VP-ATSV-International COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1064.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403239**

Amount of Each Receipt this Period  
 48.61

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 Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
723.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230590**

Amount of Each Receipt this Period  
 36.35

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
760.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357062**

Amount of Each Receipt this Period  
 36.35

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 121.31

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 286
	<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. THOMAS S PETERSON**  
Full Name (Last, First, Middle Initial)  
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 Mgr
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **796.51**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403205**

Amount of Each Receipt this Period  

36.35
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**B. STEVEN A PETTI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 580 SALCEDA DR

City MUNDELEIN	State IL	Zip Code 60060
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-PF-Property & Casualty
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1142.28**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230365**

Amount of Each Receipt this Period  

57.49
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**C. STEVEN A PETTI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 580 SALCEDA DR

City MUNDELEIN	State IL	Zip Code 60060
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-PF-Property & Casualty
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1199.77**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356839**

Amount of Each Receipt this Period  

57.49
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>151.33</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 192 OF 286  
(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 A PETTI**  
 Mailing Address 580 SALCEDA DR  
 City State Zip Code  
 MUNDELEIN IL 60060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-PF-Property & Casualty  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1257.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402980**  
 Amount of Each Receipt this Period  
 57.49

Full Name (Last, First, Middle Initial)  
**B. NANCY W PHILLIPS**  
 Mailing Address 102 RIVER OAKS RD  
 City State Zip Code  
 BRENTWOOD TN 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Lit Svcs Attorney-Sr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 521.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230412**  
 Amount of Each Receipt this Period  
 34.76

Full Name (Last, First, Middle Initial)  
**C. NANCY W PHILLIPS**  
 Mailing Address 102 RIVER OAKS RD  
 City State Zip Code  
 BRENTWOOD TN 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Lit Svcs Attorney-Sr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 556.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356885**  
 Amount of Each Receipt this Period  
 34.76

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 127.01  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 193 OF 286
	(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. NANCY W PHILLIPS**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 RIVER OAKS RD

City BRENWOOD State TN Zip Code 37027

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

Name of Employer Allstate Insurance Company Occupation L&R-Lit Svcs Attorney-Sr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **590.92**

Date of Receipt **10 / 30 / 2015**

**Transaction ID : A2015-2403027**

Amount of Each Receipt this Period **34.76**

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

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 ▼ **836.80**

Date of Receipt **10 / 02 / 2015**

**Transaction ID : A2015-2230431**

Amount of Each Receipt this Period **41.84**

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

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 ▼ **878.64**

Date of Receipt **10 / 16 / 2015**

**Transaction ID : A2015-2356904**

Amount of Each Receipt this Period **41.84**

**SUBTOTAL** of Receipts This Page (optional)..... **118.44**

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

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

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

FOR LINE NUMBER: PAGE 194 OF 286  
(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. JOHN C PINTOZZI**

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 ▼  
920.48

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : A2015-2403046**

Amount of Each Receipt this Period  
41.84

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

Mailing Address 20827 36TH PL W

City State Zip Code  
LYNNWOOD WA 98036

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

Name of Employer Occupation  
Allstate Insurance Company Claims-Adj TPLC Rep-Sr Co

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.71

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2015  
**Transaction ID : A2015-2230570**

Amount of Each Receipt this Period  
11.41

Full Name (Last, First, Middle Initial)  
**C. RICHARD E PORTER**

Mailing Address 20827 36TH PL W

City State Zip Code  
LYNNWOOD WA 98036

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

Name of Employer Occupation  
Allstate Insurance Company Claims-Adj TPLC Rep-Sr Co

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
238.12

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2015  
**Transaction ID : A2015-2357042**

Amount of Each Receipt this Period  
11.41

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 64.66

**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 195 OF 286  
(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. RICHARD E PORTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20827 36TH PL W  
 City LYNWOOD State WA Zip Code 98036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Adj TPLC Rep-Sr Co  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403185**  
 Amount of Each Receipt this Period  
 11.41

**B. BRIAN M POZZI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Shenandoah Lane  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Ag Ops-Strategy & Ops-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 311.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230343**  
 Amount of Each Receipt this Period  
 21.02

**C. BRIAN M POZZI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Shenandoah Lane  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Ag Ops-Strategy & Ops-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 332.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356817**  
 Amount of Each Receipt this Period  
 21.02

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 53.45  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 286
	<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. BRIAN M POZZI**

Mailing Address 12 Shenandoah Lane

City Hawthorn Woods State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation Ag Ops-Strategy & Ops-Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **353.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2402958**

Amount of Each Receipt this Period  
**21.02**

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

Mailing Address 8262 Arrowleaf Turn

City Gainesville State VA Zip Code 20155

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

Name of Employer Allstate Insurance Company Occupation EVP-ABD-Pres. Eastern Ter

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1687.33**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230360**

Amount of Each Receipt this Period  
**84.74**

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

Mailing Address 8262 Arrowleaf Turn

City Gainesville State VA Zip Code 20155

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

Name of Employer Allstate Insurance Company Occupation EVP-ABD-Pres. Eastern Ter

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1772.07**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2356834**

Amount of Each Receipt this Period  
**84.74**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>190.50</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 197 OF 286  
(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. DAVID J PRENDERGAST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8262 Arrowleaf Turn  
 City Gainesville State VA Zip Code 20155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation EVP-ABD-Pres. Eastern Ter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1856.81

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402975**  
 Amount of Each Receipt this Period  
 84.74

**B. THOMAS G PURTELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22663 CHESHIRE COURT  
 City DEER PARK State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation PF-Agent Comp-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 556.74

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230510**  
 Amount of Each Receipt this Period  
 27.99

**C. THOMAS G PURTELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22663 CHESHIRE COURT  
 City DEER PARK State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation PF-Agent Comp-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 584.73

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356982**  
 Amount of Each Receipt this Period  
 27.99

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.72  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 198 OF 286
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. THOMAS G PURTELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22663 CHESHIRE COURT  
City DEER PARK State IL Zip Code 60010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation PF-Agent Comp-Dir  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **612.72**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : A2015-2403124**  
Amount of Each Receipt this Period **27.99**

**B. MARY JO J QUINN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 837 S. CHESTNUT AVENUE  
City ARLINGTON HEIGH State IL Zip Code 60005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation VP-L&R-Investment Law  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **985.42**

Date of Receipt **10 / 02 / 2015**  
**Transaction ID : A2015-2230532**  
Amount of Each Receipt this Period **49.64**

**C. MARY JO J QUINN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 837 S. CHESTNUT AVENUE  
City ARLINGTON HEIGH State IL Zip Code 60005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation VP-L&R-Investment Law  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **1035.06**

Date of Receipt **10 / 16 / 2015**  
**Transaction ID : A2015-2357004**  
Amount of Each Receipt this Period **49.64**

**SUBTOTAL** of Receipts This Page (optional)..... **127.27**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 199 OF 286
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MARY JO J QUINN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 837 S. CHESTNUT AVENUE

City ARLINGTON HEIGH	State IL	Zip Code 60005
-------------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-L&R-Investment Law
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1084.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403146**

Amount of Each Receipt this Period  
49.64

**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-APL-Chief Financial O
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1309.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230461**

Amount of Each Receipt this Period  
66.60

**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-APL-Chief Financial O
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1376.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356933**

Amount of Each Receipt this Period  
66.60

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	182.84
<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 200 OF 286  
(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. MARIO RIZZO**

Mailing Address 5926 W. 90TH PLACE

City State Zip Code  
OAK LAWN IL 60453

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1443.02**

Date of Receipt  
10 / 30 / 2015  
**Transaction ID : A2015-2403075**

Amount of Each Receipt this Period  
**66.60**

Full Name (Last, First, Middle Initial)  
**B. Kendra L Roberts**

Mailing Address One North O'Plaine Road #7894

City State Zip Code  
Gurnee IL 60031

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

Name of Employer Occupation  
Allstate Insurance Company L&R-Ins Ops Attorney-Exp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **414.36**

Date of Receipt  
10 / 02 / 2015  
**Transaction ID : A2015-2230604**

Amount of Each Receipt this Period  
**23.13**

Full Name (Last, First, Middle Initial)  
**C. Kendra L Roberts**

Mailing Address One North O'Plaine Road #7894

City State Zip Code  
Gurnee IL 60031

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

Name of Employer Occupation  
Allstate Insurance Company L&R-Ins Ops Attorney-Exp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **437.49**

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : A2015-2357076**

Amount of Each Receipt this Period  
**23.13**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **112.86**

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

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

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

FOR LINE NUMBER: PAGE 201 OF 286  
(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. Kendra L Roberts**

Mailing Address One North O'Plaine Road #7894

City State Zip Code  
Gurnee IL 60031

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

Name of Employer Occupation  
Allstate Insurance Company L&R-Ins Ops Attorney-Exp

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.62

Date of Receipt  
 /  /   
 10 / 30 / 2015  
**Transaction ID : A2015-2403219**

Amount of Each Receipt this Period  
 23.13

Full Name (Last, First, Middle Initial)  
**B. ROGER S ROBINSON**

Mailing Address 535 6th Street North

City State Zip Code  
St. Petersburg FL 33701

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

Name of Employer Occupation  
Allstate Insurance Company CR-Regional Bus Comm-Sr M

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
558.37

Date of Receipt  
 /  /   
 10 / 02 / 2015  
**Transaction ID : A2015-2230407**

Amount of Each Receipt this Period  
 28.22

Full Name (Last, First, Middle Initial)  
**C. ROGER S ROBINSON**

Mailing Address 535 6th Street North

City State Zip Code  
St. Petersburg FL 33701

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

Name of Employer Occupation  
Allstate Insurance Company CR-Regional Bus Comm-Sr M

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
586.59

Date of Receipt  
 /  /   
 10 / 16 / 2015  
**Transaction ID : A2015-2356880**

Amount of Each Receipt this Period  
 28.22

**SUBTOTAL** of Receipts This Page (optional)..... ▶  79.57

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 286
	<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. ROGER S ROBINSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 535 6th Street North

City St. Petersburg	State FL	Zip Code 33701
------------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation CR-Regional Bus Comm-Sr M
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **614.81**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403022**

Amount of Each Receipt this Period  

122.02
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**B. GREGORY C ROHLFING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1615 N 78th Ct

City Elmwood Park	State IL	Zip Code 60707
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation L&R-Corp/Claim Lit Attorn
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **930.84**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230428**

Amount of Each Receipt this Period  

46.90
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**C. GREGORY C ROHLFING**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1615 N 78th Ct

City Elmwood Park	State IL	Zip Code 60707
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation L&R-Corp/Claim Lit Attorn
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **977.74**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356901**

Amount of Each Receipt this Period  

46.90
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<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>122.02</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

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(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 1615 N 78th Ct  
 City Elmwood Park State IL Zip Code 60707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-Corp/Claim Lit Attorn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1024.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403043**  
 Amount of Each Receipt this Period  
 46.90

**B. 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-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 879.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230491**  
 Amount of Each Receipt this Period  
 43.97

**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-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356963**  
 Amount of Each Receipt this Period  
 43.97

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 134.84  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(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. JOHN ROSZKOWSKI**

Mailing Address 3371 VENARD RD.

City State Zip Code  
DOWNERS GROVE IL 60515

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
967.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403105**

Amount of Each Receipt this Period  
 43.97

Full Name (Last, First, Middle Initial)  
**B. DONALD L RUDD**

Mailing Address 25 CRESTVIEW TERRACE

City State Zip Code  
BUFFALO GROVE IL 60089

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230560**

Amount of Each Receipt this Period  
 15.06

Full Name (Last, First, Middle Initial)  
**C. DONALD L RUDD**

Mailing Address 25 CRESTVIEW TERRACE

City State Zip Code  
BUFFALO GROVE IL 60089

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357032**

Amount of Each Receipt this Period  
 15.06

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 74.09

**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 205 OF 286  
(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 L RUDD**  
 Mailing Address 25 CRESTVIEW TERRACE  
 City State Zip Code  
 BUFFALO GROVE IL 60089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Manager-Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403174**  
 Amount of Each Receipt this Period  
 15.06

Full Name (Last, First, Middle Initial)  
**B. CASSANDRA C RUSSELL**  
 Mailing Address 2579 E Kaibab PI  
 City State Zip Code  
 Chandler AZ 85249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Claims-Field Leadership-D  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 390.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230545**  
 Amount of Each Receipt this Period  
 19.68

Full Name (Last, First, Middle Initial)  
**C. CASSANDRA C RUSSELL**  
 Mailing Address 2579 E Kaibab PI  
 City State Zip Code  
 Chandler AZ 85249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Claims-Field Leadership-D  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 409.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357017**  
 Amount of Each Receipt this Period  
 19.68

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 54.42  
**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 206 OF 286  
(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. CASSANDRA C RUSSELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2579 E Kaibab Pl  
 City Chandler State AZ Zip Code 85249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claims-Field Leadership-D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 429.54

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403159**  
 Amount of Each Receipt this Period  
 9.68

**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 L&R-Spcl Ops Attorney-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 930.68

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230427**  
 Amount of Each Receipt this Period  
 46.73

**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 L&R-Spcl Ops Attorney-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 977.41

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356900**  
 Amount of Each Receipt this Period  
 46.73

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 113.14  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 286
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

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 L&R-Spcl Ops Attorney-Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1024.14**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2403042**

Amount of Each Receipt this Period  
**46.73**

Full Name (Last, First, Middle Initial)  
**B. Donald D Sands**

Mailing Address 321 North Brainard Avenue

City Lagrange Park State IL Zip Code 60526

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

Name of Employer Allstate Insurance Company Occupation VP-APL-Strategic Dist. Bu

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1180.44**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230611**

Amount of Each Receipt this Period  
**59.08**

Full Name (Last, First, Middle Initial)  
**C. Donald D Sands**

Mailing Address 321 North Brainard Avenue

City Lagrange Park State IL Zip Code 60526

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

Name of Employer Allstate Insurance Company Occupation VP-APL-Strategic Dist. Bu

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1239.52**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2357083**

Amount of Each Receipt this Period  
**59.08**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>164.89</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 208 OF 286
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)  
**A. Donald D Sands**

Mailing Address 321 North Brainard Avenue

City Lagrange Park	State IL	Zip Code 60526
-----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-APL-Strategic Dist. Bu
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1298.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

**Transaction ID : A2015-2403226**

Amount of Each Receipt this Period  
59.08

Full Name (Last, First, Middle Initial)  
**B. PATRICK J SARB**

Mailing Address 4517 WAUBANSIE LANE

City LISLE	State IL	Zip Code 60532
---------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ARE-Environmental Sci-Sr
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
322.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

**Transaction ID : A2015-2230527**

Amount of Each Receipt this Period  
16.20

Full Name (Last, First, Middle Initial)  
**C. PATRICK J SARB**

Mailing Address 4517 WAUBANSIE LANE

City LISLE	State IL	Zip Code 60532
---------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ARE-Environmental Sci-Sr
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
338.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

**Transaction ID : A2015-2356999**

Amount of Each Receipt this Period  
16.20

<b>SUBTOTAL</b> of Receipts This Page (optional).....	91.48
<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 209 OF 286  
(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. PATRICK J SARB**

Mailing Address 4517 WAUBANSIE LANE

City State Zip Code  
LISLE IL 60532

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

Name of Employer Occupation  
Allstate Insurance Company ARE-Environmental Sci-Sr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
354.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403141**

Amount of Each Receipt this Period  
16.20

Full Name (Last, First, Middle Initial)  
**B. KAREN M SCHECHT**

Mailing Address 754 Pinellas Bayway S

City State Zip Code  
Tierra Verde FL 33715

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

Name of Employer Occupation  
Allstate Insurance Company VP-CLAIMS-Encompass Claim

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
356.59

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230463**

Amount of Each Receipt this Period  
17.87

Full Name (Last, First, Middle Initial)  
**C. KAREN M SCHECHT**

Mailing Address 754 Pinellas Bayway S

City State Zip Code  
Tierra Verde FL 33715

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

Name of Employer Occupation  
Allstate Insurance Company VP-CLAIMS-Encompass Claim

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
374.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356935**

Amount of Each Receipt this Period  
17.87

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51.94

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 286
	<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. KAREN M SCHECHT**  
Full Name (Last, First, Middle Initial)

Mailing Address 754 Pinellas Bayway S

City State Zip Code  
Tierra Verde FL 33715

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

Name of Employer Occupation  
Allstate Insurance Company VP-CLAIMS-Encompass Claim

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**392.33**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2403077**

Amount of Each Receipt this Period  
**17.87**

**B. STEPHEN E SCHOLL**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 COPPERFIELD DRIVE

City State Zip Code  
HAWTHORN WOODS IL 60047

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

Name of Employer Occupation  
Allstate Insurance Company VP-HR-HR Business Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1216.12**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230382**

Amount of Each Receipt this Period  
**61.04**

**C. STEPHEN E SCHOLL**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 COPPERFIELD DRIVE

City State Zip Code  
HAWTHORN WOODS IL 60047

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

Name of Employer Occupation  
Allstate Insurance Company VP-HR-HR Business Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1277.16**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2356856**

Amount of Each Receipt this Period  
**61.04**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>139.95</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 211 OF 286  
(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 E SCHOLL**  
 Mailing Address 7 COPPERFIELD DRIVE  
 City State Zip Code  
 HAWTHORN WOODS IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-HR-HR Business Partner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1338.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402997**  
 Amount of Each Receipt this Period  
 61.04

Full Name (Last, First, Middle Initial)  
**B. DALE J SCHUELLER**  
 Mailing Address 25 Scarlet Oak Rd  
 City State Zip Code  
 Flemington NJ 08822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ABD-Regional Sales Leader  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 448.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230559**  
 Amount of Each Receipt this Period  
 22.53

Full Name (Last, First, Middle Initial)  
**C. DALE J SCHUELLER**  
 Mailing Address 25 Scarlet Oak Rd  
 City State Zip Code  
 Flemington NJ 08822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ABD-Regional Sales Leader  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 471.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357031**  
 Amount of Each Receipt this Period  
 22.53

**SUBTOTAL** of Receipts This Page (optional)..... ► 106.10  
**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 212 OF 286  
(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. DALE J SCHUELLER**

Mailing Address 25 Scarlet Oak Rd

City State Zip Code  
 Flemington NJ 08822

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 493.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403173**

Amount of Each Receipt this Period  
 22.53

Full Name (Last, First, Middle Initial)  
**B. Shayna M Schulz**

Mailing Address 439 Orchard Lane

City State Zip Code  
 Highland Park IL 60035

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

Name of Employer Occupation  
 Allstate Insurance Company VP-ABO-Customer Service

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 338.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230612**

Amount of Each Receipt this Period  
 17.00

Full Name (Last, First, Middle Initial)  
**C. Shayna M Schulz**

Mailing Address 439 Orchard Lane

City State Zip Code  
 Highland Park IL 60035

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

Name of Employer Occupation  
 Allstate Insurance Company VP-ABO-Customer Service

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 355.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357084**

Amount of Each Receipt this Period  
 17.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 56.53

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 286
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)  
**A. Shayna M Schulz**

Mailing Address 439 Orchard Lane

City Highland Park State IL Zip Code 60035

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

Name of Employer Allstate Insurance Company Occupation VP-ABO-Customer Service

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.16**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2403227**

Amount of Each Receipt this Period  
**17.00**

Full Name (Last, First, Middle Initial)  
**B. 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 SVP-FSS-Internal Auditing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1157.86**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230460**

Amount of Each Receipt this Period  
**58.38**

Full Name (Last, First, Middle Initial)  
**C. 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 SVP-FSS-Internal Auditing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1216.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2356932**

Amount of Each Receipt this Period  
**58.38**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>133.76</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 214 OF 286
	<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. 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. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-FSS-Internal Auditing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1274.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403074**  
 Amount of Each Receipt this Period  
 58.38

**B. DAVID J SCHWARTZER**  
 Full Name (Last, First, Middle Initial)  
 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-ABD-Field Senior Vice  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1113.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230538**  
 Amount of Each Receipt this Period  
 55.91

**C. DAVID J SCHWARTZER**  
 Full Name (Last, First, Middle Initial)  
 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-ABD-Field Senior Vice  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1169.21

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357010**  
 Amount of Each Receipt this Period  
 55.91

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.20
<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 215 OF 286  
(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. DAVID J SCHWARTZER**  
 Full Name (Last, First, Middle Initial)  
 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-ABD-Field Senior Vice  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1225.12

Date of Receipt 10 / 30 / 2015  
**Transaction ID : A2015-2403152**  
 Amount of Each Receipt this Period 55.91

**B. ALBERT SCHWARZHAUPT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Doral Drive  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Ag Ops-Strat Deployment-S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 367.19

Date of Receipt 10 / 02 / 2015  
**Transaction ID : A2015-2230369**  
 Amount of Each Receipt this Period 18.42

**C. ALBERT SCHWARZHAUPT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Doral Drive  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Ag Ops-Strat Deployment-S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.61

Date of Receipt 10 / 16 / 2015  
**Transaction ID : A2015-2356843**  
 Amount of Each Receipt this Period 18.42

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 92.75  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 216 OF 286  
(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. ALBERT SCHWARZHAUPT**

Mailing Address 29 Doral Drive

City State Zip Code  
Hawthorn Woods IL 60047

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

Name of Employer Occupation  
Allstate Insurance Company Ag Ops-Strat Deployment-S

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
404.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402984**

Amount of Each Receipt this Period  
18.42

Full Name (Last, First, Middle Initial)  
**B. Corinne L Scott**

Mailing Address 2173 Ranch View Drive

City State Zip Code  
Rocklin CA 95765

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

Name of Employer Occupation  
Allstate Insurance Company ABI-Territory Sales Leade

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
256.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230608**

Amount of Each Receipt this Period  
16.36

Full Name (Last, First, Middle Initial)  
**c. Corinne L Scott**

Mailing Address 2173 Ranch View Drive

City State Zip Code  
Rocklin CA 95765

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

Name of Employer Occupation  
Allstate Insurance Company ABI-Territory Sales Leade

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
272.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357080**

Amount of Each Receipt this Period  
16.36

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51.14

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

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

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

FOR LINE NUMBER: PAGE 217 OF 286  
(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. Corinne L Scott**  
 Mailing Address 2173 Ranch View Drive  
 City State Zip Code  
 Rocklin CA 95765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ABI-Territory Sales Leade  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 288.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403223**  
 Amount of Each Receipt this Period  
 16.36

Full Name (Last, First, Middle Initial)  
**B. Obie A Scott**  
 Mailing Address 2173 Ranch View Dr.  
 City State Zip Code  
 Rocklin CA 95765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ABD-Territory Sales Leade  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 633.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230580**  
 Amount of Each Receipt this Period  
 31.82

Full Name (Last, First, Middle Initial)  
**c. Obie A Scott**  
 Mailing Address 2173 Ranch View Dr.  
 City State Zip Code  
 Rocklin CA 95765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ABD-Territory Sales Leade  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 665.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357052**  
 Amount of Each Receipt this Period  
 31.82

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 218 OF 286  
(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. Obie A Scott**

Mailing Address 2173 Ranch View Dr.

City State Zip Code  
Rocklin CA 95765

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

Name of Employer Occupation  
Allstate Insurance Company ABD-Territory Sales Leade

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
696.89

Date of Receipt  
 /  /   
**Transaction ID : A2015-2403195**

Amount of Each Receipt this Period  
31.82

Full Name (Last, First, Middle Initial)  
**B. STACY Y SHARPE**

Mailing Address 1100 N. Lake Shore Drive

City State Zip Code  
Chicago IL 60611

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1157.84

Date of Receipt  
 /  /   
**Transaction ID : A2015-2230487**

Amount of Each Receipt this Period  
58.52

Full Name (Last, First, Middle Initial)  
**C. STACY Y SHARPE**

Mailing Address 1100 N. Lake Shore Drive

City State Zip Code  
Chicago IL 60611

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1216.36

Date of Receipt  
 /  /   
**Transaction ID : A2015-2356959**

Amount of Each Receipt this Period  
58.52

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **148.86**

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

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

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

FOR LINE NUMBER: PAGE 219 OF 286  
(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. STACY Y SHARPE**  
 Mailing Address 1100 N. Lake Shore Drive  
 City State Zip Code  
 Chicago IL 60611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-CR-Strategic & Consum  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1274.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403101**  
 Amount of Each Receipt this Period  
 58.52

Full Name (Last, First, Middle Initial)  
**B. STEVEN E SHEBIK**  
 Mailing Address 517 ROBINWOOD LANE  
 City State Zip Code  
 WHEATON IL 60189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-FSS-Chief Financial O  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3461.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230467**  
 Amount of Each Receipt this Period  
 173.08

Full Name (Last, First, Middle Initial)  
**C. STEVEN E SHEBIK**  
 Mailing Address 517 ROBINWOOD LANE  
 City State Zip Code  
 WHEATON IL 60189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-FSS-Chief Financial O  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3634.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356939**  
 Amount of Each Receipt this Period  
 173.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 404.68  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 220 OF 286  
(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 E SHEBIK**  
 Mailing Address 517 ROBINWOOD LANE  
 City State Zip Code  
 WHEATON IL 60189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-FSS-Chief Financial O  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3807.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403081**  
 Amount of Each Receipt this Period  
 173.08

Full Name (Last, First, Middle Initial)  
**B. STEVEN R SHEFFEY**  
 Mailing Address 839 SUMAC  
 City State Zip Code  
 HIGHLAND PARK IL 60035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Gov & Ind Rel Attorne  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 451.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230424**  
 Amount of Each Receipt this Period  
 22.74

Full Name (Last, First, Middle Initial)  
**C. STEVEN R SHEFFEY**  
 Mailing Address 839 SUMAC  
 City State Zip Code  
 HIGHLAND PARK IL 60035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Gov & Ind Rel Attorne  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 473.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356897**  
 Amount of Each Receipt this Period  
 22.74

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 218.56  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 221 OF 286  
(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 R SHEFFEY**

Mailing Address 839 SUMAC

City State Zip Code  
HIGHLAND PARK IL 60035

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

Name of Employer Occupation  
Allstate Insurance Company L&R-Gov & Ind Rel Attorne

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **496.72**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2403039**

Amount of Each Receipt this Period  
**22.74**

Full Name (Last, First, Middle Initial)  
**B. ADAM R SHORES**

Mailing Address 680 Brookstone Road

City State Zip Code  
Grayslake IL 60030

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

Name of Employer Occupation  
Allstate Insurance Company CR-Public Affairs-Sr Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **590.40**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230586**

Amount of Each Receipt this Period  
**29.72**

Full Name (Last, First, Middle Initial)  
**C. ADAM R SHORES**

Mailing Address 680 Brookstone Road

City State Zip Code  
Grayslake IL 60030

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

Name of Employer Occupation  
Allstate Insurance Company CR-Public Affairs-Sr Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **620.12**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2357058**

Amount of Each Receipt this Period  
**29.72**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **82.18**

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

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

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

FOR LINE NUMBER: PAGE 222 OF 286  
(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. ADAM R SHORES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 680 Brookstone Road  
 City Grayslake State IL Zip Code 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation CR-Public Affairs-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 649.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403201**  
 Amount of Each Receipt this Period  
 29.72

**B. DENIS C SHUNTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5200 RIDGEGATE WAY  
 City FAIR OAKS State CA Zip Code 95628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation PO Fld-FPMO-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 491.24

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230524**  
 Amount of Each Receipt this Period  
 24.67

**C. DENIS C SHUNTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5200 RIDGEGATE WAY  
 City FAIR OAKS State CA Zip Code 95628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation PO Fld-FPMO-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 515.91

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356996**  
 Amount of Each Receipt this Period  
 24.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.06  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 286
	<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. DENIS C SHUNTA**  
Full Name (Last, First, Middle Initial)

Mailing Address 5200 RIDGEGATE WAY

City FAIR OAKS	State CA	Zip Code 95628
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation PO Fld-FPMO-Sr Mgr
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.58**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403138**

Amount of Each Receipt this Period  

24.67
-------

**B. JAVIER SILVA**  
Full Name (Last, First, Middle Initial)

Mailing Address 3549 N. OZANAM

City CHICAGO	State IL	Zip Code 60634
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ALR-Cust Fulfillment-Mgr
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **279.39**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230436**

Amount of Each Receipt this Period  

14.12
-------

**C. JAVIER SILVA**  
Full Name (Last, First, Middle Initial)

Mailing Address 3549 N. OZANAM

City CHICAGO	State IL	Zip Code 60634
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ALR-Cust Fulfillment-Mgr
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **293.51**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356909**

Amount of Each Receipt this Period  

14.12
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>52.91</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 224 OF 286
	<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. JAVIER SILVA**  
Full Name (Last, First, Middle Initial)

Mailing Address 3549 N. OZANAM

City CHICAGO State IL Zip Code 60634

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

Name of Employer Allstate Insurance Company Occupation ALR-Cust Fulfillment-Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.63**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2403051**

Amount of Each Receipt this Period  
**14.12**

**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 L&R-Gov & Ind Rel Attorne

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **738.51**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230376**

Amount of Each Receipt this Period  
**37.09**

**C. 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 L&R-Gov & Ind Rel Attorne

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **775.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2356850**

Amount of Each Receipt this Period  
**37.09**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>88.30</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 225 OF 286  
(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 L SIMMONS**

Mailing Address 1146 39th Ave NE

City State Zip Code  
 St Petersburg FL 33703

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

Name of Employer Occupation  
 Allstate Insurance Company L&R-Gov & Ind Rel Attorne

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **812.69**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A2015-2402991**

Amount of Each Receipt this Period  
**37.09**

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

Mailing Address 2117 CARROLL CREEK VIEW CT

City State Zip Code  
 FREDERICK MD 21702

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

Name of Employer Occupation  
 Allstate Insurance Company Claims-Mgmt OS Compliance

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **266.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 02 / 2015**

**Transaction ID : A2015-2230411**

Amount of Each Receipt this Period  
**13.42**

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

Mailing Address 2117 CARROLL CREEK VIEW CT

City State Zip Code  
 FREDERICK MD 21702

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

Name of Employer Occupation  
 Allstate Insurance Company Claims-Mgmt OS Compliance

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **279.44**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : A2015-2356884**

Amount of Each Receipt this Period  
**13.42**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **63.93**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 OF 286
	<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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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. JOHN G SINICKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2117 CARROLL CREEK VIEW CT  
 City State Zip Code  
 FREDERICK MD 21702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Claims-Mgmt OS Compliance  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 292.86

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403026**  
 Amount of Each Receipt this Period  
 13.42

**B. KIMBERLY J SLOANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 650 Rochelle Terrace  
 City State Zip Code  
 LOMBARD IL 60148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company FSS-Risk Mgmt-Sr Dir  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 647.06

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230483**  
 Amount of Each Receipt this Period  
 32.65

**C. KIMBERLY J SLOANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 650 Rochelle Terrace  
 City State Zip Code  
 LOMBARD IL 60148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company FSS-Risk Mgmt-Sr Dir  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 679.71

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356955**  
 Amount of Each Receipt this Period  
 32.65

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	78.72
<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 227 OF 286
	<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. KIMBERLY J SLOANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 650 Rochelle Terrace  
 City LOMBARD State IL Zip Code 60148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation FSS-Risk Mgmt-Sr Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 712.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403097**  
 Amount of Each Receipt this Period  
 32.65

**B. ANN M SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16801 Carmichael Place  
 City Purcellville State VA Zip Code 20132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ABD-Sales Administrative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 311.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230349**  
 Amount of Each Receipt this Period  
 15.58

**C. ANN M SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16801 Carmichael Place  
 City Purcellville State VA Zip Code 20132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ABD-Sales Administrative  
 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 Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356823**  
 Amount of Each Receipt this Period  
 15.58

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	63.81
<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 228 OF 286  
(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. ANN M SMITH**  
 Mailing Address 16801 Carmichael Place  
 City State Zip Code  
 Purcellville VA 20132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ABD-Sales Administrative  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 342.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402964**  
 Amount of Each Receipt this Period  
 15.58

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 L&R-Ins Ops Attorney-Sr E  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 789.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230542**  
 Amount of Each Receipt this Period  
 39.75

Full Name (Last, First, Middle Initial)  
**C. 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 L&R-Ins Ops Attorney-Sr E  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 829.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357014**  
 Amount of Each Receipt this Period  
 39.75

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.08  
**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 229 OF 286  
(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. 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 L&R-Ins Ops Attorney-Sr E  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 869.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403156**  
 Amount of Each Receipt this Period  
 39.75

Full Name (Last, First, Middle Initial)  
**B. KATHERINE A SMITH**  
 Mailing Address 231 KAINER AVENUE  
 City State Zip Code  
 BARRINGTON IL 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Corp Gov Attorney-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 391.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230468**  
 Amount of Each Receipt this Period  
 19.75

Full Name (Last, First, Middle Initial)  
**C. KATHERINE A SMITH**  
 Mailing Address 231 KAINER AVENUE  
 City State Zip Code  
 BARRINGTON IL 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Corp Gov Attorney-Dir  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 411.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356940**  
 Amount of Each Receipt this Period  
 19.75

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.25  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 230 OF 286  
(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. KATHERINE A SMITH**

Mailing Address **231 KAINER AVENUE**

City **BARRINGTON**      State **IL**      Zip Code **60010**

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

Name of Employer **Allstate Insurance Company**      Occupation **L&R-Corp Gov Attorney-Dir**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **431.40**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : A2015-2403082**

Amount of Each Receipt this Period  
**19.75**

Full Name (Last, First, Middle Initial)  
**B. KENNETH D SMITH**

Mailing Address **619 N HUMPHREY AVE.**

City **OAK PARK**      State **IL**      Zip Code **60302**

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

Name of Employer **Allstate Insurance Company**      Occupation **ARE-Architect & Constr-Sr**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **348.03**

Date of Receipt  
**10 / 02 / 2015**  
**Transaction ID : A2015-2230489**

Amount of Each Receipt this Period  
**17.46**

Full Name (Last, First, Middle Initial)  
**C. KENNETH D SMITH**

Mailing Address **619 N HUMPHREY AVE.**

City **OAK PARK**      State **IL**      Zip Code **60302**

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

Name of Employer **Allstate Insurance Company**      Occupation **ARE-Architect & Constr-Sr**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.49**

Date of Receipt  
**10 / 16 / 2015**  
**Transaction ID : A2015-2356961**

Amount of Each Receipt this Period  
**17.46**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **54.67**

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

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

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

FOR LINE NUMBER: PAGE 231 OF 286  
(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. KENNETH D SMITH**

Mailing Address 619 N HUMPHREY AVE.

City State Zip Code  
 OAK PARK IL 60302

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

Name of Employer Occupation  
 Allstate Insurance Company ARE-Architect & Constr-Sr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 382.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403103**

Amount of Each Receipt this Period  
 17.46

Full Name (Last, First, Middle Initial)  
**B. RICHARD J SMITH Jr.**

Mailing Address 75 N. Lake Ave

City State Zip Code  
 Third Lake IL 60030

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

Name of Employer Occupation  
 Allstate Insurance Company VP-PO-Product Vice Presid

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230547**

Amount of Each Receipt this Period  
 25.22

Full Name (Last, First, Middle Initial)  
**C. RICHARD J SMITH Jr.**

Mailing Address 75 N. Lake Ave

City State Zip Code  
 Third Lake IL 60030

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

Name of Employer Occupation  
 Allstate Insurance Company VP-PO-Product Vice Presid

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 525.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357019**

Amount of Each Receipt this Period  
 25.22

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 67.90

**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 232 OF 286  
(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. RICHARD J SMITH Jr.**  
 Mailing Address 75 N. Lake Ave  
 City State Zip Code  
 Third Lake IL 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-PO-Product Vice Presid  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403161**  
 Amount of Each Receipt this Period  
 25.22

Full Name (Last, First, Middle Initial)  
**B. 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-PO-Product Operations  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1973.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230533**  
 Amount of Each Receipt this Period  
 99.82

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-PO-Product Operations  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2072.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357005**  
 Amount of Each Receipt this Period  
 99.82

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 224.86  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 233 OF 286  
(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-PO-Product Operations  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2172.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403147**  
 Amount of Each Receipt this Period  
 99.82

**B. WILLIAM R SPARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2279 ENLUND DRIVE #2  
 City State Zip Code  
 PALATINE IL 60074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-EthicsComplPriv-Sr Mg  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 309.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230415**  
 Amount of Each Receipt this Period  
 16.43

**C. WILLIAM R SPARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2279 ENLUND DRIVE #2  
 City State Zip Code  
 PALATINE IL 60074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-EthicsComplPriv-Sr Mg  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 326.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356888**  
 Amount of Each Receipt this Period  
 16.43

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 132.68  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 234 OF 286  
(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. WILLIAM R SPARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2279 ENLUND DRIVE #2  
 City PALATINE State IL Zip Code 60074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-EthicsComplPriv-Sr Mg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.59

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403030**  
 Amount of Each Receipt this Period  
 16.43

**B. KEVIN A SPATARO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1663 SARATOGA LANE  
 City GLENVIEW State IL Zip Code 60026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-FSS-Accounting Resear  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 805.67

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230505**  
 Amount of Each Receipt this Period  
 40.36

**C. KEVIN A SPATARO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1663 SARATOGA LANE  
 City GLENVIEW State IL Zip Code 60026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-FSS-Accounting Resear  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 846.03

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356977**  
 Amount of Each Receipt this Period  
 40.36

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 97.15  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 OF 286
	<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. KEVIN A SPATARO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1663 SARATOGA LANE  
 City GLENVIEW State IL Zip Code 60026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-FSS-Accounting Resear  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 886.39

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403119**  
 Amount of Each Receipt this Period  
 40.36

**B. BRIAN M SPENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 N Vermont St  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation FSS-Corp Strategy-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 633.59

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230520**  
 Amount of Each Receipt this Period  
 31.99

**C. BRIAN M SPENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 N Vermont St  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation FSS-Corp Strategy-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 665.58

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356992**  
 Amount of Each Receipt this Period  
 31.99

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.34
<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 236 OF 286  
(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. BRIAN M SPENCE**

Mailing Address 1001 N Vermont St

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
Allstate Insurance Company FSS-Corp Strategy-Sr Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
697.57

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403134**

Amount of Each Receipt this Period  
31.99

Full Name (Last, First, Middle Initial)  
**B. Gilda L Spencer**

Mailing Address 1675 N. Pebble Beach Way

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-L&R-Dispute Resolutio

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
485.94

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230627**

Amount of Each Receipt this Period  
32.76

Full Name (Last, First, Middle Initial)  
**C. Gilda L Spencer**

Mailing Address 1675 N. Pebble Beach Way

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-L&R-Dispute Resolutio

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
518.70

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357099**

Amount of Each Receipt this Period  
32.76

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 97.51

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

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

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

FOR LINE NUMBER: PAGE 237 OF 286  
(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. Gilda L Spencer**  
 Mailing Address 1675 N. Pebble Beach Way  
 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-L&R-Dispute Resolutio  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 551.46

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403242**  
 Amount of Each Receipt this Period  
 32.76

Full Name (Last, First, Middle Initial)  
**B. MARY SPRINGBERG**  
 Mailing Address 4745 KINGS WAY - NORTH  
 City State Zip Code  
 GURNEE IL 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-ATSV-Bus Prtn-Product  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1243.41

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230419**  
 Amount of Each Receipt this Period  
 62.31

Full Name (Last, First, Middle Initial)  
**C. MARY SPRINGBERG**  
 Mailing Address 4745 KINGS WAY - NORTH  
 City State Zip Code  
 GURNEE IL 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-ATSV-Bus Prtn-Product  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1305.72

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356892**  
 Amount of Each Receipt this Period  
 62.31

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 157.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 238 OF 286  
(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 SPRINGBERG**

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code  
GURNEE IL 60031

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

Name of Employer Occupation  
Allstate Insurance Company VP-ATSV-Bus Prtn-Product

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1368.03**

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : A2015-2403034**

Amount of Each Receipt this Period  
**62.31**

Full Name (Last, First, Middle Initial)  
**B. GARY S STERE**

Mailing Address 2015 SELVA MADERA COURT

City State Zip Code  
ATLANTIC BEACH FL 32233

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

Name of Employer Occupation  
Allstate Insurance Company L&R-Ins Ops Attorney-Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **905.36**

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 02 / 2015  
**Transaction ID : A2015-2230409**

Amount of Each Receipt this Period  
**45.45**

Full Name (Last, First, Middle Initial)  
**C. GARY S STERE**

Mailing Address 2015 SELVA MADERA COURT

City State Zip Code  
ATLANTIC BEACH FL 32233

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

Name of Employer Occupation  
Allstate Insurance Company L&R-Ins Ops Attorney-Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **950.81**

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 16 / 2015  
**Transaction ID : A2015-2356882**

Amount of Each Receipt this Period  
**45.45**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **153.21**

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



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

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

FOR LINE NUMBER: PAGE 240 OF 286  
(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. JOHN A STOLTE**

Mailing Address 330 KAREN WAY

City State Zip Code  
 TIBURON CA 94920

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 426.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403189**

Amount of Each Receipt this Period  
 20.41

Full Name (Last, First, Middle Initial)  
**B. MYRON E STOUFFER**

Mailing Address 324 W. Cook

City State Zip Code  
 LIBERTYVILLE IL 60048

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-APL-Indpt. Agencies &

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 655.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230405**

Amount of Each Receipt this Period  
 32.98

Full Name (Last, First, Middle Initial)  
**C. MYRON E STOUFFER**

Mailing Address 324 W. Cook

City State Zip Code  
 LIBERTYVILLE IL 60048

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-APL-Indpt. Agencies &

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 688.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356878**

Amount of Each Receipt this Period  
 32.98

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 86.37

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

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

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

FOR LINE NUMBER: PAGE 241 OF 286  
(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. MYRON E STOUFFER**

Mailing Address 324 W. Cook

City State Zip Code  
LIBERTYVILLE IL 60048

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

Name of Employer Occupation  
Allstate Insurance Company SVP-APL-Indpt. Agencies &

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **721.24**

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : A2015-2403020**

Amount of Each Receipt this Period  
**32.98**

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

Mailing Address 4018 BERRYWOOD DRIVE

City State Zip Code  
SEAFORD NY 11783

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

Name of Employer Occupation  
Allstate Insurance Company ABD-FSL Growth-Assoc Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **277.80**

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 02 / 2015  
**Transaction ID : A2015-2230371**

Amount of Each Receipt this Period  
**13.89**

Full Name (Last, First, Middle Initial)  
**C. DANIEL J SULLIVAN**

Mailing Address 4018 BERRYWOOD DRIVE

City State Zip Code  
SEAFORD NY 11783

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

Name of Employer Occupation  
Allstate Insurance Company ABD-FSL Growth-Assoc Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **291.69**

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 16 / 2015  
**Transaction ID : A2015-2356845**

Amount of Each Receipt this Period  
**13.89**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.76**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 OF 286
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4018 BERRYWOOD DRIVE

City SEAFORD	State NY	Zip Code 11783
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ABD-FSL Growth-Assoc Mgr
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.58**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2402986**

Amount of Each Receipt this Period  

13.89
-------

**B. CARL J TACKETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 307 WENDRON COURT

City FRANKLIN	State TN	Zip Code 37069
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ALR Dist-Leadership-Dir
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.56**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230438**

Amount of Each Receipt this Period  

21.02
-------

**C. CARL J TACKETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 307 WENDRON COURT

City FRANKLIN	State TN	Zip Code 37069
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation ALR Dist-Leadership-Dir
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **439.58**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356911**

Amount of Each Receipt this Period  

21.02
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>55.93</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 243 OF 286
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CARL J TACKETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 307 WENDRON COURT

City State Zip Code  
FRANKLIN TN 37069

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

Name of Employer Occupation  
Allstate Insurance Company ALR Dist-Leadership-Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : A2015-2403053**

Amount of Each Receipt this Period  
21.02

**B. Mark J Testa**  
Full Name (Last, First, Middle Initial)

Mailing Address 9613 185th Dr SE

City State Zip Code  
Snohomish WA 98290

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
203.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2015  
**Transaction ID : A2015-2357111**

Amount of Each Receipt this Period  
29.00

**c. Mark J Testa**  
Full Name (Last, First, Middle Initial)

Mailing Address 9613 185th Dr SE

City State Zip Code  
Snohomish WA 98290

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
232.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : A2015-2403254**

Amount of Each Receipt this Period  
29.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	79.02
<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 244 OF 286  
(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. SEAN D THAKUR**

Mailing Address 222 S.Caldwell St

City State Zip Code  
 Charlotte NC 28202

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

Name of Employer Occupation  
 Allstate Insurance Company ATO-Leader-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 402.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230550**

Amount of Each Receipt this Period  
 20.19

Full Name (Last, First, Middle Initial)  
**B. SEAN D THAKUR**

Mailing Address 222 S.Caldwell St

City State Zip Code  
 Charlotte NC 28202

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

Name of Employer Occupation  
 Allstate Insurance Company ATO-Leader-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 423.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357022**

Amount of Each Receipt this Period  
 20.19

Full Name (Last, First, Middle Initial)  
**C. SEAN D THAKUR**

Mailing Address 222 S.Caldwell St

City State Zip Code  
 Charlotte NC 28202

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

Name of Employer Occupation  
 Allstate Insurance Company ATO-Leader-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 443.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403164**

Amount of Each Receipt this Period  
 20.19

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.57

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

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

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

FOR LINE NUMBER: PAGE 245 OF 286  
(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. Joy A Thomas**

Mailing Address 2240 Henley Street

City State Zip Code  
 Glenview IL 60025

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

Name of Employer Occupation  
 Allstate Insurance Company CC-Connected Car PD-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 296.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230606**

Amount of Each Receipt this Period  
 14.87

Full Name (Last, First, Middle Initial)  
**B. Joy A Thomas**

Mailing Address 2240 Henley Street

City State Zip Code  
 Glenview IL 60025

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

Name of Employer Occupation  
 Allstate Insurance Company CC-Connected Car PD-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 311.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357078**

Amount of Each Receipt this Period  
 14.87

Full Name (Last, First, Middle Initial)  
**C. Joy A Thomas**

Mailing Address 2240 Henley Street

City State Zip Code  
 Glenview IL 60025

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

Name of Employer Occupation  
 Allstate Insurance Company CC-Connected Car PD-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 326.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403221**

Amount of Each Receipt this Period  
 14.87

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 44.61

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

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

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

FOR LINE NUMBER: PAGE 246 OF 286  
(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. MICHAEL A THOMAS**

Mailing Address 152 Robsart Place

City State Zip Code  
KENILWORTH IL 60043

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

Name of Employer Occupation  
Allstate Insurance Company VP-ABO-Administration & R

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
537.18

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230589**

Amount of Each Receipt this Period  
27.12

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

Mailing Address 152 Robsart Place

City State Zip Code  
KENILWORTH IL 60043

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

Name of Employer Occupation  
Allstate Insurance Company VP-ABO-Administration & R

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
564.30

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357061**

Amount of Each Receipt this Period  
27.12

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

Mailing Address 152 Robsart Place

City State Zip Code  
KENILWORTH IL 60043

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

Name of Employer Occupation  
Allstate Insurance Company VP-ABO-Administration & R

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
591.42

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403204**

Amount of Each Receipt this Period  
27.12

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.36

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

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

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

FOR LINE NUMBER: PAGE 247 OF 286  
(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. 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 CR-Strategic Bus Comm-Sr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 698.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230454**  
 Amount of Each Receipt this Period  
 35.13

**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 CR-Strategic Bus Comm-Sr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 733.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356927**  
 Amount of Each Receipt this Period  
 35.13

**C. 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 CR-Strategic Bus Comm-Sr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 768.27

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403069**  
 Amount of Each Receipt this Period  
 35.13

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.39  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 248 OF 286
	<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. 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-ABD-Field Senior Vice  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1082.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230402**  
 Amount of Each Receipt this Period  
 54.69

**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-ABD-Field Senior Vice  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1136.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356876**  
 Amount of Each Receipt this Period  
 54.69

**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-ABD-Field Senior Vice  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1191.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403017**  
 Amount of Each Receipt this Period  
 54.69

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	164.07
<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

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(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 190 West Johnson Street  
 City Palatine State IL Zip Code 60067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-ABD-Sales Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1139.42

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230546**  
 Amount of Each Receipt this Period  
 58.00

**B. MELINDA S TUNNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 190 West Johnson Street  
 City Palatine State IL Zip Code 60067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-ABD-Sales Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1197.42

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357018**  
 Amount of Each Receipt this Period  
 58.00

**C. MELINDA S TUNNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 190 West Johnson Street  
 City Palatine State IL Zip Code 60067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-ABD-Sales Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1255.42

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403160**  
 Amount of Each Receipt this Period  
 58.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 174.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 250 OF 286  
(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. RICHARD D TURANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4960 S CHESTER ST  
 City ENGLEWOOD State CO Zip Code 80111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-Gov & Ind Rel Attorne  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 463.15

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230364**  
 Amount of Each Receipt this Period  
 23.36

**B. RICHARD D TURANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4960 S CHESTER ST  
 City ENGLEWOOD State CO Zip Code 80111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-Gov & Ind Rel Attorne  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 486.51

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356838**  
 Amount of Each Receipt this Period  
 23.36

**C. RICHARD D TURANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4960 S CHESTER ST  
 City ENGLEWOOD State CO Zip Code 80111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-Gov & Ind Rel Attorne  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 509.87

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402979**  
 Amount of Each Receipt this Period  
 23.36

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.08  
**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 251 OF 286  
(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. THOMAS P TUZAK**

Mailing Address 443 HUNTINGTON LANE

City State Zip Code  
ELMHURST IL 60126

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

Name of Employer Occupation  
Allstate Insurance Company Claims-Sup & Proc Des-Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.75

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2015  
**Transaction ID : A2015-2230469**

Amount of Each Receipt this Period  
42.58

Full Name (Last, First, Middle Initial)  
**B. THOMAS P TUZAK**

Mailing Address 443 HUNTINGTON LANE

City State Zip Code  
ELMHURST IL 60126

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

Name of Employer Occupation  
Allstate Insurance Company Claims-Sup & Proc Des-Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
743.33

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2015  
**Transaction ID : A2015-2356941**

Amount of Each Receipt this Period  
42.58

Full Name (Last, First, Middle Initial)  
**C. THOMAS P TUZAK**

Mailing Address 443 HUNTINGTON LANE

City State Zip Code  
ELMHURST IL 60126

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

Name of Employer Occupation  
Allstate Insurance Company Claims-Sup & Proc Des-Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
785.91

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015  
**Transaction ID : A2015-2403083**

Amount of Each Receipt this Period  
42.58

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 127.74

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

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

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

FOR LINE NUMBER: PAGE 252 OF 286  
(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. JEFFREY W URE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 609 S. KENNICOTT AVE  
 City ARLINGTON HTS State IL Zip Code 60005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230474**  
 Amount of Each Receipt this Period  
 10.60

**B. JEFFREY W URE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 609 S. KENNICOTT AVE  
 City ARLINGTON HTS State IL Zip Code 60005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 221.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356946**  
 Amount of Each Receipt this Period  
 10.60

**C. JEFFREY W URE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 609 S. KENNICOTT AVE  
 City ARLINGTON HTS State IL Zip Code 60005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403088**  
 Amount of Each Receipt this Period  
 10.60

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 31.80  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 253 OF 286
	(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. WILLIAM A VAINISI**  
Full Name (Last, First, Middle Initial)

Mailing Address 636 BALMORAL LANE

City Inverness State IL Zip Code 60067

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1318.75

Date of Receipt 10 / 02 / 2015  
**Transaction ID : A2015-2230464**

Amount of Each Receipt this Period 66.23

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

Mailing Address 636 BALMORAL LANE

City Inverness State IL Zip Code 60067

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.98

Date of Receipt 10 / 16 / 2015  
**Transaction ID : A2015-2356936**

Amount of Each Receipt this Period 66.23

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

Mailing Address 636 BALMORAL LANE

City Inverness State IL Zip Code 60067

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1451.21

Date of Receipt 10 / 30 / 2015  
**Transaction ID : A2015-2403078**

Amount of Each Receipt this Period 66.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 198.69

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 254 OF 286
	<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. LISA A VAN SCOYOC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 555 PRIMROSE LANE

City CRYSTAL LAKE	State IL	Zip Code 60014
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation FSS-Accounting-Sr Mgr
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.42**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

**Transaction ID : A2015-2230473**

Amount of Each Receipt this Period  

18.14
-------

**B. LISA A VAN SCOYOC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 555 PRIMROSE LANE

City CRYSTAL LAKE	State IL	Zip Code 60014
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation FSS-Accounting-Sr Mgr
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.56**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : A2015-2356945**

Amount of Each Receipt this Period  

18.14
-------

**C. LISA A VAN SCOYOC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 555 PRIMROSE LANE

City CRYSTAL LAKE	State IL	Zip Code 60014
----------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation FSS-Accounting-Sr Mgr
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **396.70**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : A2015-2403087**

Amount of Each Receipt this Period  

18.14
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>54.42</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 255 OF 286
	<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. PATRICIA C VANLAMMEREN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2800 Birchwood Avenue

City Wilmette State IL Zip Code 60091

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1463.70**

Date of Receipt **10 / 02 / 2015**

**Transaction ID : A2015-2230565**

Amount of Each Receipt this Period **73.59**

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

Mailing Address 2800 Birchwood Avenue

City Wilmette State IL Zip Code 60091

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1537.29**

Date of Receipt **10 / 16 / 2015**

**Transaction ID : A2015-2357037**

Amount of Each Receipt this Period **73.59**

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

Mailing Address 2800 Birchwood Avenue

City Wilmette State IL Zip Code 60091

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1610.88**

Date of Receipt **10 / 30 / 2015**

**Transaction ID : A2015-2403179**

Amount of Each Receipt this Period **73.59**

**SUBTOTAL** of Receipts This Page (optional)..... **220.77**

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

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

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

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(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. Ronald A Vargo**

Mailing Address 5272 Galloway Drive

City Hoffman Estates      State IL      Zip Code 60192

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

Name of Employer Allstate Insurance Company      Occupation ATO-Architect-Exp

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.35**

Date of Receipt  
**10 / 02 / 2015**  
**Transaction ID : A2015-2230621**

Amount of Each Receipt this Period  
**16.23**

Full Name (Last, First, Middle Initial)  
**B. Ronald A Vargo**

Mailing Address 5272 Galloway Drive

City Hoffman Estates      State IL      Zip Code 60192

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

Name of Employer Allstate Insurance Company      Occupation ATO-Architect-Exp

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **323.58**

Date of Receipt  
**10 / 16 / 2015**  
**Transaction ID : A2015-2357093**

Amount of Each Receipt this Period  
**16.23**

Full Name (Last, First, Middle Initial)  
**C. Ronald A Vargo**

Mailing Address 5272 Galloway Drive

City Hoffman Estates      State IL      Zip Code 60192

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

Name of Employer Allstate Insurance Company      Occupation ATO-Architect-Exp

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.81**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : A2015-2403236**

Amount of Each Receipt this Period  
**16.23**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **48.69**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 257 OF 286  
(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 F VITALE Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1824 Roy Lane  
 City Forks Twp. State PA Zip Code 18040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Encp-Regional Sales Manag  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 369.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230389**  
 Amount of Each Receipt this Period  
 18.61

**B. MICHAEL F VITALE Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1824 Roy Lane  
 City Forks Twp. State PA Zip Code 18040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Encp-Regional Sales Manag  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 387.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356863**  
 Amount of Each Receipt this Period  
 18.61

**C. MICHAEL F VITALE Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1824 Roy Lane  
 City Forks Twp. State PA Zip Code 18040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Encp-Regional Sales Manag  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 406.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403004**  
 Amount of Each Receipt this Period  
 18.61

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.83  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 258 OF 286  
(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. EDWIN L WASINGER JR**

Mailing Address 6245 MURIFIELD DRIVE

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company CE-Strategic Operations-D

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **421.60**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230509**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 21.15

Full Name (Last, First, Middle Initial)  
**B. EDWIN L WASINGER JR**

Mailing Address 6245 MURIFIELD DRIVE

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company CE-Strategic Operations-D

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **442.75**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356981**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 21.15

Full Name (Last, First, Middle Initial)  
**C. EDWIN L WASINGER JR**

Mailing Address 6245 MURIFIELD DRIVE

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company CE-Strategic Operations-D

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **463.90**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403123**

Amount of Each Receipt this Period  
 .  .  .  .  .  .  .  .  .  .  
 21.15

**SUBTOTAL** of Receipts This Page (optional)..... ▶  .  .  .  .  .  .  .  .  .  .  
 63.45

**TOTAL** This Period (last page this line number only)..... ▶  .  .  .  .  .  .  .  .  .  .

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 259 OF 286
	(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. Robert Wasserman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1N165 Partridge Dr  
City Wheaton State IL Zip Code 60188  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation SVP-MKTG-eBusiness & Dire  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1470.27

Date of Receipt 10 / 02 / 2015  
**Transaction ID : A2015-2230609**  
Amount of Each Receipt this Period 73.84

**B. Robert Wasserman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1N165 Partridge Dr  
City Wheaton State IL Zip Code 60188  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation SVP-MKTG-eBusiness & Dire  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1544.11

Date of Receipt 10 / 16 / 2015  
**Transaction ID : A2015-2357081**  
Amount of Each Receipt this Period 73.84

**C. Robert Wasserman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1N165 Partridge Dr  
City Wheaton State IL Zip Code 60188  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation SVP-MKTG-eBusiness & Dire  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1617.95

Date of Receipt 10 / 30 / 2015  
**Transaction ID : A2015-2403224**  
Amount of Each Receipt this Period 73.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 221.52  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 OF 286
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. LEWIS C WEBB II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1444 El Pardo Dr  
 City Trinity State FL Zip Code 34655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ABD-Regional Financial Sa  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 366.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230584**  
 Amount of Each Receipt this Period  
 18.43

**B. LEWIS C WEBB II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1444 El Pardo Dr  
 City Trinity State FL Zip Code 34655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ABD-Regional Financial Sa  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357056**  
 Amount of Each Receipt this Period  
 18.43

**C. LEWIS C WEBB II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1444 El Pardo Dr  
 City Trinity State FL Zip Code 34655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ABD-Regional Financial Sa  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403199**  
 Amount of Each Receipt this Period  
 18.43

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.29
<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 261 OF 286  
(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. BRET D WEHRLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2079 POWHATAN TRAIL  
 City RICHMOND State KY Zip Code 40475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ABD-FSL Growth-Assoc Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.93

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230564**  
 Amount of Each Receipt this Period  
 13.88

**B. BRET D WEHRLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2079 POWHATAN TRAIL  
 City RICHMOND State KY Zip Code 40475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ABD-FSL Growth-Assoc Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357036**  
 Amount of Each Receipt this Period  
 13.88

**C. BRET D WEHRLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2079 POWHATAN TRAIL  
 City RICHMOND State KY Zip Code 40475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ABD-FSL Growth-Assoc Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403178**  
 Amount of Each Receipt this Period  
 13.88

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 41.64  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 286
	<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. Mary P Weiss**  
Full Name (Last, First, Middle Initial)

Mailing Address 5209 Westwood Drive

City Bethesda State MD Zip Code 20816

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP-L&R-Legislative & Regu

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3889.13**

Date of Receipt **10 / 02 / 2015**

**Transaction ID : A2015-2230633**

Amount of Each Receipt this Period **195.08**

**B. Mary P Weiss**  
Full Name (Last, First, Middle Initial)

Mailing Address 5209 Westwood Drive

City Bethesda State MD Zip Code 20816

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP-L&R-Legislative & Regu

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **4084.21**

Date of Receipt **10 / 16 / 2015**

**Transaction ID : A2015-2357105**

Amount of Each Receipt this Period **195.08**

**C. Mary P Weiss**  
Full Name (Last, First, Middle Initial)

Mailing Address 5209 Westwood Drive

City Bethesda State MD Zip Code 20816

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP-L&R-Legislative & Regu

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **4279.29**

Date of Receipt **10 / 30 / 2015**

**Transaction ID : A2015-2403248**

Amount of Each Receipt this Period **195.08**

**SUBTOTAL** of Receipts This Page (optional)..... **585.24**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. JEROME WHITE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5081 OVERLOOK DR.  
 City ROSWELL State GA Zip Code 30075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Fld SSD-Sales Ops-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 256.40

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230378**  
 Amount of Each Receipt this Period  
 12.98

**B. JEROME WHITE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5081 OVERLOOK DR.  
 City ROSWELL State GA Zip Code 30075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Fld SSD-Sales Ops-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.38

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356852**  
 Amount of Each Receipt this Period  
 12.98

**C. JEROME WHITE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5081 OVERLOOK DR.  
 City ROSWELL State GA Zip Code 30075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Fld SSD-Sales Ops-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 282.36

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402993**  
 Amount of Each Receipt this Period  
 12.98

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 38.94  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 264 OF 286  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. CYNTHIA A WHITFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 298 Keswick Grove Lane  
 City State Zip Code  
 Franklin TN 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ABD-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 531.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230374**  
 Amount of Each Receipt this Period  
 26.84

**B. CYNTHIA A WHITFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 298 Keswick Grove Lane  
 City State Zip Code  
 Franklin TN 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ABD-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 557.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356848**  
 Amount of Each Receipt this Period  
 26.84

**C. CYNTHIA A WHITFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 298 Keswick Grove Lane  
 City State Zip Code  
 Franklin TN 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ABD-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 584.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402989**  
 Amount of Each Receipt this Period  
 26.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.52  
**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 265 OF 286  
(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. JOHN K WILCOX**

Mailing Address 1120 JESSICA LANE

City LIBERTYVILLE      State IL      Zip Code 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company      Occupation VP-PF-Insurance Operation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **944.98**

Date of Receipt  
**10 / 02 / 2015**  
**Transaction ID : A2015-2230440**

Amount of Each Receipt this Period  
**47.51**

Full Name (Last, First, Middle Initial)  
**B. JOHN K WILCOX**

Mailing Address 1120 JESSICA LANE

City LIBERTYVILLE      State IL      Zip Code 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company      Occupation VP-PF-Insurance Operation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **992.49**

Date of Receipt  
**10 / 16 / 2015**  
**Transaction ID : A2015-2356913**

Amount of Each Receipt this Period  
**47.51**

Full Name (Last, First, Middle Initial)  
**C. JOHN K WILCOX**

Mailing Address 1120 JESSICA LANE

City LIBERTYVILLE      State IL      Zip Code 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company      Occupation VP-PF-Insurance Operation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : A2015-2403055**

Amount of Each Receipt this Period  
**47.51**

**SUBTOTAL** of Receipts This Page (optional)..... ► **142.53**

**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

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(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. JAMES L WILLCOX**

Mailing Address 1562 Sienna Oak Court

City State Zip Code  
Sandy UT 84092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company Claims-Field Leadership R

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
586.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230404**

Amount of Each Receipt this Period  
29.46

Full Name (Last, First, Middle Initial)  
**B. JEFFREY W WILLIAMS**

Mailing Address 7104 CHARDON COURT

City State Zip Code  
CLARKSVILLE MD 21029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company L&R-Gov & Ind Rel Attorne

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1019.83

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230455**

Amount of Each Receipt this Period  
58.00

Full Name (Last, First, Middle Initial)  
**C. JEFFREY W WILLIAMS**

Mailing Address 7104 CHARDON COURT

City State Zip Code  
CLARKSVILLE MD 21029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company L&R-Gov & Ind Rel Attorne

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1077.83

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356928**

Amount of Each Receipt this Period  
58.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.46

**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 267 OF 286  
(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. JEFFREY W WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7104 CHARDON COURT  
 City State Zip Code  
 CLARKSVILLE MD 21029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Gov & Ind Rel Attorne  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1135.83

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403070**  
 Amount of Each Receipt this Period  
 58.00

**B. KURT L WINTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1403 N. WALNUT  
 City State Zip Code  
 ARLINGTON HGHTS IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-MKTG-Regional Marketin  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 468.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230585**  
 Amount of Each Receipt this Period  
 23.68

**C. KURT L WINTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1403 N. WALNUT  
 City State Zip Code  
 ARLINGTON HGHTS IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-MKTG-Regional Marketin  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 492.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357057**  
 Amount of Each Receipt this Period  
 23.68

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.36  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 268 OF 286  
(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**

Full Name (Last, First, Middle Initial)  
**A. KURT L WINTER**  
 Mailing Address 1403 N. WALNUT  
 City State Zip Code  
 ARLINGTON HGHTS IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-MKTG-Regional Marketin  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 515.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403200**  
 Amount of Each Receipt this Period  
 23.68

Full Name (Last, First, Middle Initial)  
**B. Matthew E Winter**  
 Mailing Address 70 Ferncliff Drive  
 City State Zip Code  
 West Hartford CT 06117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-APL-Pres. The Allstat  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3688.93

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230613**  
 Amount of Each Receipt this Period  
 184.62

Full Name (Last, First, Middle Initial)  
**C. Matthew E Winter**  
 Mailing Address 70 Ferncliff Drive  
 City State Zip Code  
 West Hartford CT 06117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-APL-Pres. The Allstat  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3873.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357085**  
 Amount of Each Receipt this Period  
 184.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 392.92  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 269 OF 286  
(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**

Full Name (Last, First, Middle Initial)  
**A. Matthew E Winter**

Mailing Address 70 Ferncliff Drive

City State Zip Code  
 West Hartford CT 06117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Allstate Insurance Company EVP-APL-Pres. The Allstat

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 4058.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403228**

Amount of Each Receipt this Period  
 184.62

Full Name (Last, First, Middle Initial)  
**B. RONALD W WINTER**

Mailing Address 2908 GREY HERON CT.

City State Zip Code  
 JOHNSBURG IL 60051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Allstate Insurance Company ATO-Leader-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 431.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230504**

Amount of Each Receipt this Period  
 21.64

Full Name (Last, First, Middle Initial)  
**C. RONALD W WINTER**

Mailing Address 2908 GREY HERON CT.

City State Zip Code  
 JOHNSBURG IL 60051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Allstate Insurance Company ATO-Leader-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 453.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356976**

Amount of Each Receipt this Period  
 21.64

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 227.90

**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 270 OF 286  
(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. RONALD W WINTER**

Mailing Address 2908 GREY HERON CT.

City State Zip Code  
JOHNSBURG IL 60051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company ATO-Leader-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.14

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403118**

Amount of Each Receipt this Period  
21.64

Full Name (Last, First, Middle Initial)  
**B. BRUCE A WOIKE**

Mailing Address 1318 N. CHESTNUT AVE.

City State Zip Code  
ARLINGTON HTS. IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company FSS-Accounting-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
451.91

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230501**

Amount of Each Receipt this Period  
23.41

Full Name (Last, First, Middle Initial)  
**C. BRUCE A WOIKE**

Mailing Address 1318 N. CHESTNUT AVE.

City State Zip Code  
ARLINGTON HTS. IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company FSS-Accounting-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.32

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356973**

Amount of Each Receipt this Period  
23.41

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 68.46

**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 271 OF 286  
(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. BRUCE A WOIKE**

Mailing Address 1318 N. CHESTNUT AVE.

City ARLINGTON HTS.      State IL      Zip Code 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company      Occupation FSS-Accounting-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **498.73**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : A2015-2403115**

Amount of Each Receipt this Period  
**23.41**

Full Name (Last, First, Middle Initial)  
**B. ANGELA K WOIROL**

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 ABD-Field Admin-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **871.73**

Date of Receipt  
**10 / 02 / 2015**  
**Transaction ID : A2015-2230553**

Amount of Each Receipt this Period  
**43.78**

Full Name (Last, First, Middle Initial)  
**C. ANGELA K WOIROL**

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 ABD-Field Admin-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **915.51**

Date of Receipt  
**10 / 16 / 2015**  
**Transaction ID : A2015-2357025**

Amount of Each Receipt this Period  
**43.78**

**SUBTOTAL** of Receipts This Page (optional)..... ► **110.97**

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 272 OF 286
	<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 ABD-Field Admin-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 959.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403167**  
 Amount of Each Receipt this Period  
 43.78

**B. MATTHEW WOJTASZEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 WELLESLEY COURT  
 City HAWTHORN WOODS State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation CE-Workforce Mgmt-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230373**  
 Amount of Each Receipt this Period  
 17.95

**C. MATTHEW WOJTASZEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 WELLESLEY COURT  
 City HAWTHORN WOODS State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation CE-Workforce Mgmt-Sr Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356847**  
 Amount of Each Receipt this Period  
 17.95

<b>SUBTOTAL</b> of Receipts This Page (optional).....	79.68
<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 273 OF 286
	<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. MATTHEW WOJTASZEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 WELLESLEY COURT  
 City State Zip Code  
 HAWTHORN WOODS IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company CE-Workforce Mgmt-Sr Mgr  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 393.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2402988**  
 Amount of Each Receipt this Period  
 17.95

**B. DAVID E WOOLWINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1608 W. ROSEHILL DR  
 City State Zip Code  
 CHICAGO IL 60660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company CR-Reputation-Dir  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 436.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230398**  
 Amount of Each Receipt this Period  
 22.01

**C. DAVID E WOOLWINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1608 W. ROSEHILL DR  
 City State Zip Code  
 CHICAGO IL 60660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company CR-Reputation-Dir  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 458.43

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356872**  
 Amount of Each Receipt this Period  
 22.01

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	61.97
<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 274 OF 286  
(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. DAVID E WOOLWINE**

Mailing Address 1608 W. ROSEHILL DR

City State Zip Code  
 CHICAGO IL 60660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Allstate Insurance Company CR-Reputation-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403013**

Amount of Each Receipt this Period  
 22.01

Full Name (Last, First, Middle Initial)  
**B. FLOYD M YAGER**

Mailing Address 1610 BIRCH LANE

City State Zip Code  
 PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Allstate Insurance Company SVP-APL-Chief Data Office

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1324.83

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230482**

Amount of Each Receipt this Period  
 66.75

Full Name (Last, First, Middle Initial)  
**C. FLOYD M YAGER**

Mailing Address 1610 BIRCH LANE

City State Zip Code  
 PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Allstate Insurance Company SVP-APL-Chief Data Office

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1391.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356954**

Amount of Each Receipt this Period  
 66.75

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 155.51

**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 275 OF 286
	<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
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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. 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-APL-Chief Data Office  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1458.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403096**  
 Amount of Each Receipt this Period  
 66.75

**B. NOEL C YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10936 E. Butherus Drive  
 City State Zip Code  
 Scottsdale AZ 85255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Gov & Ind Rel Attorne  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 745.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230544**  
 Amount of Each Receipt this Period  
 38.06

**C. NOEL C YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10936 E. Butherus Drive  
 City State Zip Code  
 Scottsdale AZ 85255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Gov & Ind Rel Attorne  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 783.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357016**  
 Amount of Each Receipt this Period  
 38.06

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	142.87
<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 276 OF 286
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. NOEL C YOUNG**

Mailing Address 10936 E. Butherus Drive

City State Zip Code  
Scottsdale AZ 85255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company L&R-Gov & Ind Rel Attorne

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **821.75**

Date of Receipt  
**10 / 30 / 2015**

**Transaction ID : A2015-2403158**

Amount of Each Receipt this Period  
**38.06**

Full Name (Last, First, Middle Initial)  
**B. PHILLIP C YOUNG**

Mailing Address 2181 APPLE HILL LANE

City State Zip Code  
BUFFALO GROVE IL 84763-4006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company ARE-Aviation Leadership-D

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **448.91**

Date of Receipt  
**10 / 02 / 2015**

**Transaction ID : A2015-2230457**

Amount of Each Receipt this Period  
**22.54**

Full Name (Last, First, Middle Initial)  
**C. MARY E ZAGORSKI**

Mailing Address 2609 N PINE AVE

City State Zip Code  
ARLINGTON HEIGHTS IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company Encp-Operations-Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **903.18**

Date of Receipt  
**10 / 02 / 2015**

**Transaction ID : A2015-2230480**

Amount of Each Receipt this Period  
**45.42**

**SUBTOTAL** of Receipts This Page (optional)..... **106.02**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 277 OF 286  
(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. MARY E ZAGORSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2609 N PINE AVE  
 City ARLINGTON HEIGHTS State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Encp-Operations-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 948.60

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356952**  
 Amount of Each Receipt this Period  
 45.42

**B. MARY E ZAGORSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2609 N PINE AVE  
 City ARLINGTON HEIGHTS State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Encp-Operations-Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 994.02

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403094**  
 Amount of Each Receipt this Period  
 45.42

**C. PAUL K ZIGTERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 236 SOUTH RIVERSIDE DRIVE  
 City VILLA PARK State IL Zip Code 60181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation L&R-Ins Ops Attorney-Top  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 433.49

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230516**  
 Amount of Each Receipt this Period  
 21.74

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 112.58  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 286
	<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. PAUL K ZIGTERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 236 SOUTH RIVERSIDE DRIVE  
 City State Zip Code  
 VILLA PARK IL 60181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Ins Ops Attorney-Top  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 455.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2356988**  
 Amount of Each Receipt this Period  
 21.74

**B. PAUL K ZIGTERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 236 SOUTH RIVERSIDE DRIVE  
 City State Zip Code  
 VILLA PARK IL 60181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Ins Ops Attorney-Top  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 476.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403130**  
 Amount of Each Receipt this Period  
 21.74

**C. GERALD L ZIMMERMAN JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2584 Sutton Lane  
 City State Zip Code  
 AURORA IL 60502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company L&R-Gov & Ind Rel Attorne  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1556.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230537**  
 Amount of Each Receipt this Period  
 78.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	121.82
<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 279 OF 286
	<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 L&R-Gov & Ind Rel Attorne  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1634.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357009**  
 Amount of Each Receipt this Period  
 78.34

**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 L&R-Gov & Ind Rel Attorne  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1713.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403151**  
 Amount of Each Receipt this Period  
 78.34

**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-ABO-Operations Suppor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1004.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : A2015-2230567**  
 Amount of Each Receipt this Period  
 50.48

<b>SUBTOTAL</b> of Receipts This Page (optional).....	207.16
<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 280 OF 286  
(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. CARLA A ZUNIGA**

Mailing Address 2189 N. BEAVER CREEK DRIVE

City State Zip Code  
 VERNON HILLS IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Allstate Insurance Company SVP-ABO-Operations Suppor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1054.54

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : A2015-2357039**

Amount of Each Receipt this Period  
 50.48

Full Name (Last, First, Middle Initial)  
**B. CARLA A ZUNIGA**

Mailing Address 2189 N. BEAVER CREEK DRIVE

City State Zip Code  
 VERNON HILLS IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Allstate Insurance Company SVP-ABO-Operations Suppor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1105.02

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : A2015-2403181**

Amount of Each Receipt this Period  
 50.48

Full Name (Last, First, Middle Initial)  
**C.**

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).....▶	100.96
<b>TOTAL</b> This Period (last page this line number only).....▶	30348.98

**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  
Bank Service Charge

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Not Applicable

Date of Disbursement

/  /

**Transaction ID : B587091**

Amount of Each Disbursement this Period

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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. Mike Bost for Congress Committee**

Mailing Address 3410 Alabama Avenue

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Contribution

011

Candidate Name

**Mike Bost**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 12

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2015

**Transaction ID : B585402**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Roskam for Congress**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

011

Candidate Name

**Peter J Roskam**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2015

**Transaction ID : B586447**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Donnelly for Indiana**

Mailing Address 1433 R Street NW #2

City Washington State DC Zip Code 20009

Purpose of Disbursement Contribution

011

Candidate Name

**Joseph S Donnelly**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2015

**Transaction ID : B584942**

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. Scalise Leadership Fund**

Mailing Address 317 15th St NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2015

Transaction ID : B586448

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. McPAC**

Mailing Address 228 South Washington St Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2015

Transaction ID : B584938

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Heller for Senate**

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement Contribution

011

Candidate Name

**Dean Heller**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : B585391

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6500.00

**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. FSR PAC**

Mailing Address 600 13th Street NW Suite 400

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2015

Transaction ID : B584941

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. ACLI PAC**

Mailing Address 101 Constitution Ave. NW Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2015

Transaction ID : B584943

Amount of Each Disbursement this Period

2500.00

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

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)..... ▶

5000.00

**TOTAL** This Period (last page this line number only)..... ▶

14500.00

**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. Petersen for State Senate**

Mailing Address 4300 Beaver Hills Drive

City Des Moines State IA Zip Code 50310

Purpose of Disbursement  
P-2016 State Senate 18 IA

011

Candidate Name  
**Janet A Petersen**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IA District: 18

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2015

Transaction ID : B584815

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Citizens for Christine Radogno**

Mailing Address 1011 State Street Ste 120

City Lemont State IL Zip Code 60439

Purpose of Disbursement  
P-2016 State Senate 41 IL

011

Candidate Name  
**Christine Radogno**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 41

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2015

Transaction ID : B585842

Amount of Each Disbursement this Period

4200.00

Full Name (Last, First, Middle Initial)

**C. The Goodwin Committee**

Mailing Address P.O. 27841

City Raleigh State NC Zip Code 27611

Purpose of Disbursement  
P-2016 State Insur. Comm. NC

011

Candidate Name  
**Wayne Goodwin**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2015

Transaction ID : B585839

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6450.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. Keiser for House**

Mailing Address 422 Toronto Drive

City Bismarck State ND Zip Code 58503

Purpose of Disbursement  
P-2016 State House 47 ND

011

Candidate Name

**George Keiser**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: ND District: 47

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2015

Transaction ID : B585838

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Friends of Dave Reed**

Mailing Address 185 West Ransom Avenue

City Blairsville State PA Zip Code 15717

Purpose of Disbursement  
P-2016 State House 62 PA

011

Candidate Name

**Dave Reed**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 62

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2015

Transaction ID : B584657

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Mike Turzai**

Mailing Address P.O. Box 721

City Wexford State PA Zip Code 15090

Purpose of Disbursement  
P-2016 State House 28 PA

011

Candidate Name

**Mike Turzai**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 28

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2015

Transaction ID : B584658

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2200.00

8650.00