

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 05 01 2009 through 05 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Steven C. Verney

Signature of Treasurer Electronically Filed by Steven C. Verney Date 06 16 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Allstate Insurance Company PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		23048.81
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	74691.24									
(c) Total Receipts (from Line 19)	26781.43	152414.31								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	101472.67	175463.12								
7. Total Disbursements (from Line 31)	18163.45	92153.90								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	83309.22	83309.22								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Allstate Insurance Company PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	22649.31	76139.07
(i) Itemized (use Schedule A)		
(ii) Unitemized	4131.85	76273.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)	26781.16	152413.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	26781.16	152413.00
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.)	0.27	1.31
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	26781.43	152414.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26781.43	152414.31

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	103.45	578.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	103.45	578.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	59500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	13560.00	32075.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18163.45	92153.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18163.45	92153.90

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	26781.16	152413.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26781.16	152413.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	103.45	578.90
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	103.45	578.90

**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 6 / 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) REBECCA A ABEL		Date of Receipt	
	Mailing Address 657 CORAL COURT		M M / D D / Y Y Y Y Y 0 5 / 0 8 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: A2009-3352781
	LINDENHURST	IL	60046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		21.80	
Name of Employer Allstate Insurance Company		Occupation Claims Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 218.00		

B.	Full Name (Last, First, Middle Initial) REBECCA A ABEL		Date of Receipt	
	Mailing Address 657 CORAL COURT		M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: A2009-3353203
	LINDENHURST	IL	60046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		21.80	
Name of Employer Allstate Insurance Company		Occupation Claims Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 239.80		

C.	Full Name (Last, First, Middle Initial) ERNEST D ADAMS		Date of Receipt	
	Mailing Address P O Box 105		M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: A2009-3352925
	Grayslake	IL	60030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		19.73	
Name of Employer Allstate Insurance Company		Occupation Field Operations Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.58		

SUBTOTAL of Receipts This Page (optional)	▶	63.33
TOTAL This Period (last page this line number only)	▶	

Form/Schedule : **SA11AI**

Transaction ID :

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) JONES G ADUKEH		Date of Receipt
	Mailing Address 1226 RIDGEWOOD LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 8 / 2 0 0 9
	City	State	Zip Code
	LAKE VILLA	IL	60046
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3352709
Name of Employer Allstate Insurance Company		Occupation Finance Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 33.03
		<input type="text"/> 327.05	

B.	Full Name (Last, First, Middle Initial) JONES G ADUKEH		Date of Receipt
	Mailing Address 1226 RIDGEWOOD LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 2 / 2 0 0 9
	City	State	Zip Code
	LAKE VILLA	IL	60046
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3353132
Name of Employer Allstate Insurance Company		Occupation Finance Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 33.03
		<input type="text"/> 360.08	

C.	Full Name (Last, First, Middle Initial) LORA L ADUKEH		Date of Receipt
	Mailing Address 1226 RIDGEWOOD LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 8 / 2 0 0 9
	City	State	Zip Code
	LAKE VILLA	IL	60046
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3352767
Name of Employer Allstate Insurance Company		Occupation Sr. Sales Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 32.70
		<input type="text"/> 326.25	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 98.76
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial) LORAL ADUKEH		Date of Receipt MM / DD / YYYY 05 / 22 / 2009
Mailing Address 1226 RIDGEWOOD LANE		Transaction ID: A2009-3353189
City LAKE VILLA	State IL	Zip Code 60046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.70
Name of Employer Allstate Insurance Company	Occupation Sr. Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 358.95	

B.

Full Name (Last, First, Middle Initial) PATRICIA A AITKEN		Date of Receipt MM / DD / YYYY 05 / 08 / 2009
Mailing Address 1245 CARIBOU LANE		Transaction ID: A2009-3352532
City HOFFMAN ESTATES	State IL	Zip Code 60192
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.94
Name of Employer Allstate Insurance Company	Occupation AVP HR People Planning &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.70	

C.

Full Name (Last, First, Middle Initial) PATRICIA A AITKEN		Date of Receipt MM / DD / YYYY 05 / 22 / 2009
Mailing Address 1245 CARIBOU LANE		Transaction ID: A2009-3352956
City HOFFMAN ESTATES	State IL	Zip Code 60192
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.94
Name of Employer Allstate Insurance Company	Occupation AVP HR People Planning &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.64	

SUBTOTAL of Receipts This Page (optional)	78.58
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 204
(check only one)

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

A.

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

Mailing Address 244 ELM ROAD

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 308.05

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352419

Amount of Each Receipt this Period
31.56

B.

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

Mailing Address 244 ELM ROAD

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 339.61

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352844

Amount of Each Receipt this Period
31.56

C.

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

Mailing Address 4499 Meyers Ct

City State Zip Code
Castle Rock CO 80104

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

Name of Employer Allstate Insurance Company Occupation Sales Support Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.70

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352689

Amount of Each Receipt this Period
23.88

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: PAGE 11 / 204
(check only one)

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

A.

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

Mailing Address 4499 Meyers Ct

City State Zip Code
Castle Rock CO 80104

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

Name of Employer Allstate Insurance Company Occupation Sales Support Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 257.58

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353112

Amount of Each Receipt this Period
23.88

B.

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

Mailing Address 438 MITCHELL DRIVE

City State Zip Code
GRAYS LAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation VP Enterprise Infrastruct

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 725.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352392

Amount of Each Receipt this Period
74.32

C.

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

Mailing Address 438 MITCHELL DRIVE

City State Zip Code
GRAYS LAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation VP Enterprise Infrastruct

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 799.82

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352817

Amount of Each Receipt this Period
74.32

SUBTOTAL of Receipts This Page (optional) ► 172.52

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 12 / 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) CHARLES C BAGGS	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 4435 SWILCAN BRIDGE LANE, N	Transaction ID: A2009-3352477
	City State Zip Code JACKSONVILLE FL 32224	Amount of Each Receipt this Period 32.57
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: AVP-Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 321.75	

B.	Full Name (Last, First, Middle Initial) CHARLES C BAGGS	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 4435 SWILCAN BRIDGE LANE, N	Transaction ID: A2009-3352902
	City State Zip Code JACKSONVILLE FL 32224	Amount of Each Receipt this Period 32.57
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: AVP-Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 354.32	

C.	Full Name (Last, First, Middle Initial) DENIS BAILEY	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 8316 E. Tailfeather Dr	Transaction ID: A2009-3352819
	City State Zip Code Scottsdale AZ 85255	Amount of Each Receipt this Period 19.52
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Vice President Field Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 213.27	

SUBTOTAL of Receipts This Page (optional)	84.66
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 13 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1225 W. Morse, Unit 508

City Chicago State IL Zip Code 60626

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

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.05

Date of Receipt 05 / 08 / 2009

Transaction ID: A2009-3352679

Amount of Each Receipt this Period 27.71

B.

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

Mailing Address 1225 W. Morse, Unit 508

City Chicago State IL Zip Code 60626

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

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.76

Date of Receipt 05 / 22 / 2009

Transaction ID: A2009-3353102

Amount of Each Receipt this Period 27.71

C.

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

Mailing Address 2 Saddle Ridge Ct.

City Hawthorn Woods State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 364.00

Date of Receipt 05 / 08 / 2009

Transaction ID: A2009-3352669

Amount of Each Receipt this Period 36.94

SUBTOTAL of Receipts This Page (optional) ► 92.36

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 2 Saddle Ridge Ct.

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.94

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353092

Amount of Each Receipt this Period
36.94

B.

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

Mailing Address 25 Blue Heron Way

City State Zip Code
Skillman NJ 08558

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

Name of Employer Allstate Insurance Company Occupation FVP President New Jersey

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 352.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352453

Amount of Each Receipt this Period
35.51

C.

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

Mailing Address 25 Blue Heron Way

City State Zip Code
Skillman NJ 08558

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

Name of Employer Allstate Insurance Company Occupation FVP President New Jersey

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 388.01

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352878

Amount of Each Receipt this Period
35.51

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 204

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 259 MAY AVENUE

City State Zip Code
GLEN ELLYN IL 60137

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

Name of Employer Occupation
Allstate Insurance Company AVP Allstate Financial -

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 521.75

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352797

Amount of Each Receipt this Period

52.56

B.

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

Mailing Address 259 MAY AVENUE

City State Zip Code
GLEN ELLYN IL 60137

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

Name of Employer Occupation
Allstate Insurance Company AVP Allstate Financial -

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 574.31

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353219

Amount of Each Receipt this Period

52.56

C.

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

Mailing Address 4589 JADE LANE

City State Zip Code
HOFFMAN ESTATES IL 60192

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

Name of Employer Occupation
Allstate Insurance Company Senior Actuary

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 205.69

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352930

Amount of Each Receipt this Period

34.43

SUBTOTAL of Receipts This Page (optional)

139.55

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 2222 LOCH WAY

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Occupation
Allstate Insurance Company Vice President Field

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 698.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352780

Amount of Each Receipt this Period
71.18

B.

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

Mailing Address 2222 LOCH WAY

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Occupation
Allstate Insurance Company Vice President Field

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 769.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353202

Amount of Each Receipt this Period
71.18

C.

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

Mailing Address 108 Sloan Road

City State Zip Code
West Chester PA 19382

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

Name of Employer Occupation
Allstate Insurance Company Assistant Field Vice Pres

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 224.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352410

Amount of Each Receipt this Period
22.75

SUBTOTAL of Receipts This Page (optional) ▶

165.11

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 17 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 108 Sloan Road

City State Zip Code
West Chester PA 19382

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

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 246.95

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352835
Amount of Each Receipt this Period: 22.75

B. Full Name (Last, First, Middle Initial)
CANDICE L BEINLICH

Mailing Address 1781 TUDOR LANE # 309

City State Zip Code
NORTHBROOK IL 60062

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

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.43

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352977
Amount of Each Receipt this Period: 19.13

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

Mailing Address 1402 N. Illinois Avenue

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Accounting Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 259.35

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352557
Amount of Each Receipt this Period: 26.51

SUBTOTAL of Receipts This Page (optional) ► 68.39

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 18 / 204
(check only one)

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

A.	Full Name (Last, First, Middle Initial) DIANE BELLAS		Date of Receipt MM / DD / YYYY 05 / 22 / 2009		
	Mailing Address 1402 N. Illinois Avenue		Transaction ID: A2009-3352981		
	City Arlington Heights	State IL	Zip Code 60004	Amount of Each Receipt this Period 26.51	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation Accounting Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.86			

B.	Full Name (Last, First, Middle Initial) WALTER A BERKOWICZ		Date of Receipt MM / DD / YYYY 05 / 08 / 2009		
	Mailing Address 405 GATESHEAD DRIVE		Transaction ID: A2009-3352633		
	City NAPERVILLE	State IL	Zip Code 60565	Amount of Each Receipt this Period 32.68	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation CC IT Planning Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 326.80			

C.	Full Name (Last, First, Middle Initial) WALTER A BERKOWICZ		Date of Receipt MM / DD / YYYY 05 / 22 / 2009		
	Mailing Address 405 GATESHEAD DRIVE		Transaction ID: A2009-3353056		
	City NAPERVILLE	State IL	Zip Code 60565	Amount of Each Receipt this Period 32.68	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation CC IT Planning Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 359.48			

SUBTOTAL of Receipts This Page (optional)	▶	91.87
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 19 / 204
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 807 Greenwood Ave.

City State Zip Code
GLENCOE IL 60022

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

Name of Employer Occupation
Allstate Insurance Company Vice President Product

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 402.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352426

Amount of Each Receipt this Period

40.40

B.

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

Mailing Address 807 Greenwood Ave.

City State Zip Code
GLENCOE IL 60022

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

Name of Employer Occupation
Allstate Insurance Company Vice President Product

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 442.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352851

Amount of Each Receipt this Period

40.40

C.

Full Name (Last, First, Middle Initial)
DAVID G BIEMILLER

Mailing Address 480 LEES LAKE RD

City State Zip Code
FAYETTEVILLE GA 30214

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

Name of Employer Occupation
Allstate Insurance Company Frontline Performance Lea

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 201.55

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352490

Amount of Each Receipt this Period

20.55

SUBTOTAL of Receipts This Page (optional)

101.35

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 20 / 204
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
DAVID G BIEMILLER

Mailing Address 480 LEES LAKE RD

City State Zip Code
FAYETTEVILLE GA 30214

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

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.10

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352915

Amount of Each Receipt this Period
20.55

B.

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

Mailing Address 24567 HARBOUR VIEW DRIVE

City State Zip Code
PONTE VEDRA BEA FL 32082

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

Name of Employer Allstate Insurance Company Occupation President-Allstate Workpl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 393.60

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352711

Amount of Each Receipt this Period
39.36

C.

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

Mailing Address 24567 HARBOUR VIEW DRIVE

City State Zip Code
PONTE VEDRA BEA FL 32082

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

Name of Employer Allstate Insurance Company Occupation President-Allstate Workpl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.96

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353134

Amount of Each Receipt this Period
39.36

SUBTOTAL of Receipts This Page (optional) ► 99.27

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 21 / 204
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) ROBERT L BLOCK	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 398 Brookmont Lane	Transaction ID: A2009-3352700
	City State Zip Code North Barrington IL 60010	Amount of Each Receipt this Period 62.95
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Investor R Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 621.80	

B.	Full Name (Last, First, Middle Initial) ROBERT L BLOCK	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 398 Brookmont Lane	Transaction ID: A2009-3353123
	City State Zip Code North Barrington IL 60010	Amount of Each Receipt this Period 62.95
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Investor R Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 684.75	

C.	Full Name (Last, First, Middle Initial) CHARLES A BOLLINGER	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 509 GATES HEAD SOUTH	Transaction ID: A2009-3352512
	City State Zip Code ELK GROVE VLLGE IL 60007	Amount of Each Receipt this Period 51.56
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Sales Agen Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 509.30	

SUBTOTAL of Receipts This Page (optional)	▶	177.46
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: (check only one)	PAGE 22 / 204
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) CHARLES A BOLLINGER	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 509 GATES HEAD SOUTH	Transaction ID: A2009-3352937
	City State Zip Code ELK GROVE VLLGE IL 60007	Amount of Each Receipt this Period 51.56
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Sales Agen Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 560.86	

B.	Full Name (Last, First, Middle Initial) DOUGLAS L BORG	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 2160 Red Setter Road	Transaction ID: A2009-3352777
	City State Zip Code Rocklin CA 95765	Amount of Each Receipt this Period 32.83
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Financial Sales Consultan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 328.30	

C.	Full Name (Last, First, Middle Initial) DOUGLAS L BORG	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 2160 Red Setter Road	Transaction ID: A2009-3353199
	City State Zip Code Rocklin CA 95765	Amount of Each Receipt this Period 32.83
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Financial Sales Consultan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 361.13	

SUBTOTAL of Receipts This Page (optional)	117.22
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 23 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1063 CHERRY STREET

City State Zip Code
WINNETKA IL 60093

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

Name of Employer Occupation
Allstate Insurance Company Vice President Info Techn

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 765.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352456

Amount of Each Receipt this Period

77.29

B.

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

Mailing Address 1063 CHERRY STREET

City State Zip Code
WINNETKA IL 60093

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

Name of Employer Occupation
Allstate Insurance Company Vice President Info Techn

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 842.59

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352881

Amount of Each Receipt this Period

77.29

C.

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

Mailing Address 2411 Grey Eagle Bay

City State Zip Code
woodbury MN 55129

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

Name of Employer Occupation
Allstate Insurance Company Territorial Sales Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 308.45

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352745

Amount of Each Receipt this Period

31.15

SUBTOTAL of Receipts This Page (optional)

185.73

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 24 / 204
(check only one)

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

A.

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

Mailing Address 2411 Grey Eagle Bay

City State Zip Code
woodbury MN 55129

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 339.60

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353168

Amount of Each Receipt this Period
31.15

B.

Full Name (Last, First, Middle Initial)
KENNETH A BRANCH

Mailing Address 28955 NIBLICK KNOLL CT.

City State Zip Code
IVANHOE IL 60060

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

Name of Employer Allstate Insurance Company Occupation AVP Encompass Field Distr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 217.95

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352715

Amount of Each Receipt this Period
21.88

C.

Full Name (Last, First, Middle Initial)
KENNETH A BRANCH

Mailing Address 28955 NIBLICK KNOLL CT.

City State Zip Code
IVANHOE IL 60060

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

Name of Employer Allstate Insurance Company Occupation AVP Encompass Field Distr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 239.83

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353138

Amount of Each Receipt this Period
21.88

SUBTOTAL of Receipts This Page (optional) ▶ **74.91**

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 25 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 21285 S. BOSCHOME CIRCLE

City State Zip Code
KILDEER IL 60047

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353007

Amount of Each Receipt this Period
19.88

B. Full Name (Last, First, Middle Initial)
DUDLEY R BRIGHT

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 Allstate Insurance Company Occupation Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 211.43

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352868

Amount of Each Receipt this Period
19.48

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

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 423.80

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352567

Amount of Each Receipt this Period
43.01

SUBTOTAL of Receipts This Page (optional) ► 82.37

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 26 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 466.81

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352991
Amount of Each Receipt this Period: 43.01

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

Mailing Address 305 CHURCHILL LANE

City State Zip Code
GURNEE IL 60031

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.42

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352465
Amount of Each Receipt this Period: 0.59

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

Mailing Address 305 CHURCHILL LANE

City State Zip Code
GURNEE IL 60031

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.01

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352890
Amount of Each Receipt this Period: 0.59

SUBTOTAL of Receipts This Page (optional) ► 44.19

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
WILLIAM F BROKAW

Mailing Address 3 MILTON CT

City State Zip Code
CARY IL 60013

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.68

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352986
Amount of Each Receipt this Period: 19.88

B. Full Name (Last, First, Middle Initial)
BETH A BROWN

Mailing Address 2637 W. WILSON AVE.

City State Zip Code
CHICAGO IL 60625

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.68

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352941
Amount of Each Receipt this Period: 19.88

C. Full Name (Last, First, Middle Initial)
MICHAEL E BROWN

Mailing Address 3203 Long Blvd # 6

City State Zip Code
Nashville TN 37203

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

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.05

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352852
Amount of Each Receipt this Period: 18.75

SUBTOTAL of Receipts This Page (optional) ► 58.51

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 204
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 5886 TEAL LANE

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 218.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353095

Amount of Each Receipt this Period

19.88

B.

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

Mailing Address 190 SAVANNA CT

City State Zip Code
LAKE FOREST IL 60045

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1848.35

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352476

Amount of Each Receipt this Period

186.21

C.

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

Mailing Address 190 SAVANNA CT

City State Zip Code
LAKE FOREST IL 60045

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2034.56

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352901

Amount of Each Receipt this Period

186.21

SUBTOTAL of Receipts This Page (optional)

392.30

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 29 / 204
(check only one)

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

A.

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

Mailing Address 2514 SOUTH WESLEY AVE

City BERWYN State IL Zip Code 60402

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 359.45

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352564
Amount of Each Receipt this Period: 36.30

B.

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

Mailing Address 2514 SOUTH WESLEY AVE

City BERWYN State IL Zip Code 60402

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 395.75

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352988
Amount of Each Receipt this Period: 36.30

C.

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

Mailing Address 12234 85TH AVE

City PLEASANT PR State WI Zip Code 53158

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 321.40

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352701
Amount of Each Receipt this Period: 32.14

SUBTOTAL of Receipts This Page (optional) ► **104.74**

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 30 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 12234 85TH AVE

City Pleasant PR State WI Zip Code 53158

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 353.54

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3353124
 Amount of Each Receipt this Period: 32.14

B.

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

Mailing Address 601 North Pines Trail

City Parker State CO Zip Code 80138

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

Name of Employer Allstate Insurance Company Occupation Regional Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 408.00

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352801
 Amount of Each Receipt this Period: 40.80

C.

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

Mailing Address 601 North Pines Trail

City Parker State CO Zip Code 80138

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

Name of Employer Allstate Insurance Company Occupation Regional Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 448.80

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3353223
 Amount of Each Receipt this Period: 40.80

SUBTOTAL of Receipts This Page (optional) ► **113.74**

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 31 / 204
(check only one)

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

A.

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

Mailing Address 2000 N. BROADMOOR LANE

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation AVP Human Resource Ivanta

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 213.10

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352432

Amount of Each Receipt this Period
21.69

B.

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

Mailing Address 2000 N. BROADMOOR LANE

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation AVP Human Resource Ivanta

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 234.79

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352857

Amount of Each Receipt this Period
21.69

C.

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

Mailing Address 9309 ELIZABETH LANE

City State Zip Code
SPRING GROVE IL 60081

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

Name of Employer Allstate Insurance Company Occupation AVP & Tax Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 897.10

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352381

Amount of Each Receipt this Period
89.71

SUBTOTAL of Receipts This Page (optional) ► **133.09**

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 32 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 9309 ELIZABETH LANE

City State Zip Code
SPRING GROVE IL 60081

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

Name of Employer Allstate Insurance Company Occupation AVP & Tax Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 986.81

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352806

Amount of Each Receipt this Period
89.71

B.

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

Mailing Address 15430 WHITE COLUMNS DRIVE

City State Zip Code
ALPHARETTA GA 30004

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 555.90

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352475

Amount of Each Receipt this Period
56.34

C.

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

Mailing Address 15430 WHITE COLUMNS DRIVE

City State Zip Code
ALPHARETTA GA 30004

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 612.24

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352900

Amount of Each Receipt this Period
56.34

SUBTOTAL of Receipts This Page (optional) ▶

202.39

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 33 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ALICE M BYRNE
Mailing Address 4121 109TH STREET

City State Zip Code
PLEASANT PRAIRI WI 53158

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 789.35

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352695
Amount of Each Receipt this Period: 79.52

B. Full Name (Last, First, Middle Initial)
ALICE M BYRNE
Mailing Address 4121 109TH STREET

City State Zip Code
PLEASANT PRAIRI WI 53158

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 868.87

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3353118
Amount of Each Receipt this Period: 79.52

C. Full Name (Last, First, Middle Initial)
IRIS M CHESTER
Mailing Address 643 ST GEORGE CT

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation AVP Human Resource Ivanta

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 241.65

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352708
Amount of Each Receipt this Period: 24.36

SUBTOTAL of Receipts This Page (optional) ► 183.40

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 34 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 643 ST GEORGE CT

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation AVP Human Resource Ivanta

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.01

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353131

Amount of Each Receipt this Period
24.36

B.

Full Name (Last, First, Middle Initial)
VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation Communication Senior Mana

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.40

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352641

Amount of Each Receipt this Period
21.05

C.

Full Name (Last, First, Middle Initial)
VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation Communication Senior Mana

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.45

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353064

Amount of Each Receipt this Period
21.05

SUBTOTAL of Receipts This Page (optional) ► 66.46

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 35 / 204
(check only one)

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

A.

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

Mailing Address 20713 LEXINGTON LANE

City State Zip Code
KILDEER IL 60047

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
387.50

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352623

Amount of Each Receipt this Period
39.51

B.

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

Mailing Address 20713 LEXINGTON LANE

City State Zip Code
KILDEER IL 60047

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
427.01

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353046

Amount of Each Receipt this Period
39.51

C.

Full Name (Last, First, Middle Initial)
EDWARD T CLARK

Mailing Address 2907 GLENARYE DR

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
246.95

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352650

Amount of Each Receipt this Period
25.18

SUBTOTAL of Receipts This Page (optional) ► **104.20**

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 36 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 2907 GLENARYE DR

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 272.13

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353073

Amount of Each Receipt this Period
25.18

B. Full Name (Last, First, Middle Initial)
MARK P CLOGHESSY

Mailing Address 4343 LAWN AVE

City State Zip Code
WESTERN SPRINGS IL 60558

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

Name of Employer Allstate Insurance Company Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 343.30

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352506

Amount of Each Receipt this Period
34.33

C. Full Name (Last, First, Middle Initial)
MARK P CLOGHESSY

Mailing Address 4343 LAWN AVE

City State Zip Code
WESTERN SPRINGS IL 60558

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

Name of Employer Allstate Insurance Company Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 377.63

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352931

Amount of Each Receipt this Period
34.33

SUBTOTAL of Receipts This Page (optional) ► 93.84

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 37 / 204
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 4667 TAMWORTH DR

City State Zip Code
PALM HARBOR FL 34685

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

Name of Employer Allstate Insurance Company Occupation Regional Marketing Manage

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.50

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352648

Amount of Each Receipt this Period
29.84

B.

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

Mailing Address 4667 TAMWORTH DR

City State Zip Code
PALM HARBOR FL 34685

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

Name of Employer Allstate Insurance Company Occupation Regional Marketing Manage

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.34

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353071

Amount of Each Receipt this Period
29.84

C.

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

Mailing Address 270 FAIRVIEW AVENUE

City State Zip Code
WINNETKA IL 60093

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

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 334.60

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352609

Amount of Each Receipt this Period
33.87

SUBTOTAL of Receipts This Page (optional) ► **93.55**

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

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

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

FOR LINE NUMBER: PAGE 38 / 204

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 270 FAIRVIEW AVENUE

City State Zip Code
WINNETKA IL 60093

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

Name of Employer Occupation
Allstate Insurance Company Vice President Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 368.47

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353032

Amount of Each Receipt this Period

33.87

B.

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

Mailing Address 809 DUNHILL COURT

City State Zip Code
GURNEE IL 60031

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.70

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352554

Amount of Each Receipt this Period

43.20

C.

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

Mailing Address 809 DUNHILL COURT

City State Zip Code
GURNEE IL 60031

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 468.90

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352978

Amount of Each Receipt this Period

43.20

SUBTOTAL of Receipts This Page (optional)

120.27

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
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 Senior Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.90

Date of Receipt 05 / 22 / 2009

Transaction ID: A2009-3353017

Amount of Each Receipt this Period 19.30

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

Mailing Address 1609 SYRACUSE LN.

City SCHAUMBURG State IL Zip Code 60193

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.05

Date of Receipt 05 / 08 / 2009

Transaction ID: A2009-3352613

Amount of Each Receipt this Period 31.01

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

Mailing Address 1609 SYRACUSE LN.

City SCHAUMBURG State IL Zip Code 60193

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 338.06

Date of Receipt 05 / 22 / 2009

Transaction ID: A2009-3353036

Amount of Each Receipt this Period 31.01

SUBTOTAL of Receipts This Page (optional) ► 81.32

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 40 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 14 Torrey Pines Way

City State Zip Code
BRENTWOOD TN 37027

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 678.60

Date of Receipt 05 / 08 / 2009
Transaction ID: A2009-3352721
Amount of Each Receipt this Period 68.20

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

Mailing Address 14 Torrey Pines Way

City State Zip Code
BRENTWOOD TN 37027

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 746.80

Date of Receipt 05 / 22 / 2009
Transaction ID: A2009-3353144
Amount of Each Receipt this Period 68.20

C. Full Name (Last, First, Middle Initial)
THOMAS J CREAGH

Mailing Address 4008 NORTH HIGHLAND AVENUE

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 217.69

Date of Receipt 05 / 22 / 2009
Transaction ID: A2009-3352836
Amount of Each Receipt this Period 19.79

SUBTOTAL of Receipts This Page (optional) ► 156.19

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 41 / 204
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) WILLIAM G CRIMMINS		Date of Receipt
	Mailing Address 218 S KASPAR		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ARLINGTON HGTS.	IL	60005
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation Vice President & Deputy G	Transaction ID: A2009-3352514
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="747.60"/>	<input type="text" value="75.68"/>

B.	Full Name (Last, First, Middle Initial) WILLIAM G CRIMMINS		Date of Receipt
	Mailing Address 218 S KASPAR		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ARLINGTON HGTS.	IL	60005
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation Vice President & Deputy G	Transaction ID: A2009-3352939
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="823.28"/>	<input type="text" value="75.68"/>

C.	Full Name (Last, First, Middle Initial) FREDERICK F CRIPE		Date of Receipt
	Mailing Address 277 N. BILTMORE DRIVE		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	N. BARRINGTON	IL	60010
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Allstate Insurance Company		Occupation SVP & Executive Vice Pres	Transaction ID: A2009-3352508
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="873.30"/>	<input type="text" value="89.04"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="240.40"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 277 N. BILTMORE DRIVE

City State Zip Code
N. BARRINGTON IL 60010

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 962.34

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352933

Amount of Each Receipt this Period
89.04

B.

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

Mailing Address 905 Chalet Court

City State Zip Code
Colleyville TX 76034

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

Name of Employer Allstate Insurance Company Occupation Vice President -Corp Ethn

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 707.11

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352438

Amount of Each Receipt this Period
70.85

C.

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

Mailing Address 905 Chalet Court

City State Zip Code
Colleyville TX 76034

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

Name of Employer Allstate Insurance Company Occupation Vice President -Corp Ethn

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 777.96

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352863

Amount of Each Receipt this Period
70.85

SUBTOTAL of Receipts This Page (optional) ► **230.74**

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 43 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 22425 N LINDEN DR.

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 435.20

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352425

Amount of Each Receipt this Period
44.48

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

Mailing Address 22425 N LINDEN DR.

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 479.68

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352850

Amount of Each Receipt this Period
44.48

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

Mailing Address 1020 Pleasant Street, #1

City State Zip Code
Oak Park IL 60302

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

Name of Employer Allstate Insurance Company Occupation Communication Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352464

Amount of Each Receipt this Period
36.68

SUBTOTAL of Receipts This Page (optional) ► 125.64

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 44 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 1020 Pleasant Street, #1

City State Zip Code
Oak Park IL 60302

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

Name of Employer Allstate Insurance Company Occupation Communication Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 401.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352889

Amount of Each Receipt this Period
36.68

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

Mailing Address 632 Onwentsia Avenue

City State Zip Code
Highland Park IL 60035

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

Name of Employer Allstate Insurance Company Occupation AVP & Tax Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 343.70

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352559

Amount of Each Receipt this Period
34.37

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

Mailing Address 632 Onwentsia Avenue

City State Zip Code
Highland Park IL 60035

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

Name of Employer Allstate Insurance Company Occupation AVP & Tax Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.07

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352983

Amount of Each Receipt this Period
34.37

SUBTOTAL of Receipts This Page (optional) ► **105.42**

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 45 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 1954 Oakwood Dr

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	8	/	2	0	0	9

Transaction ID: A2009-3352556

Amount of Each Receipt this Period
33.06

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

Mailing Address 1954 Oakwood Dr

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 358.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	9

Transaction ID: A2009-3352980

Amount of Each Receipt this Period
33.06

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

Mailing Address 1320 MULBERRY LN.

City State Zip Code
CARY IL 60013

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 371.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	8	/	2	0	0	9

Transaction ID: A2009-3352495

Amount of Each Receipt this Period
37.62

SUBTOTAL of Receipts This Page (optional) ► **103.74**

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 46 / 204
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1320 MULBERRY LN.

City State Zip Code
CARY IL 60013

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

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 408.77

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352920

Amount of Each Receipt this Period
37.62

B.

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

Mailing Address 453 PRAIRIE

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation AVP-Product Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 543.20

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352666

Amount of Each Receipt this Period
54.59

C.

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

Mailing Address 453 PRAIRIE

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation AVP-Product Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 597.79

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353089

Amount of Each Receipt this Period
54.59

SUBTOTAL of Receipts This Page (optional) ► 146.80

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 47 / 204
(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

A.

Full Name (Last, First, Middle Initial) LORI A DESCH		Date of Receipt MM / DD / YYYY 05 / 08 / 2009
Mailing Address 12923 Freemont Peak Lane		Transaction ID: A2009-3352488
City Humble	State TX	Zip Code 77346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.20
Name of Employer Allstate Insurance Company	Occupation Claims Field Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.25	

B.

Full Name (Last, First, Middle Initial) LORI A DESCH		Date of Receipt MM / DD / YYYY 05 / 22 / 2009
Mailing Address 12923 Freemont Peak Lane		Transaction ID: A2009-3352913
City Humble	State TX	Zip Code 77346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.20
Name of Employer Allstate Insurance Company	Occupation Claims Field Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 426.45	

C.

Full Name (Last, First, Middle Initial) LEO DISHEL		Date of Receipt MM / DD / YYYY 05 / 08 / 2009
Mailing Address 340 E 74TH ST APT 6C		Transaction ID: A2009-3352409
City NEW YORK	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.71
Name of Employer Allstate Insurance Company	Occupation Market Sales Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.05	

SUBTOTAL of Receipts This Page (optional)	▶	99.11
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 48 / 204
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
LEO DISHEL

Mailing Address 340 E 74TH ST APT 6C

City State Zip Code
NEW YORK NY 10021

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

Name of Employer Allstate Insurance Company Occupation Market Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.76

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352834

Amount of Each Receipt this Period
20.71

B.

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

Mailing Address 4147 RFD

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP-Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.35

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352640

Amount of Each Receipt this Period
57.92

C.

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

Mailing Address 4147 RFD

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP-Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 634.27

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353063

Amount of Each Receipt this Period
57.92

SUBTOTAL of Receipts This Page (optional) ► **136.55**

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

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

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

FOR LINE NUMBER: PAGE 49 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
PHILIP J DORN

Mailing Address 12 SAINT JOHN DRIVE

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353184

Amount of Each Receipt this Period
19.88

B. Full Name (Last, First, Middle Initial)
DANIEL C DRESSEL

Mailing Address 1706 ADLER LANE

City State Zip Code
MALVERN PA 19355

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352866

Amount of Each Receipt this Period
19.88

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

Mailing Address 472 W. SYCAMORE ST.

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.05

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352533

Amount of Each Receipt this Period
27.24

SUBTOTAL of Receipts This Page (optional) ► 67.00

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 50 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
PATRICIA B DREXLER
Mailing Address 472 W. SYCAMORE ST.
City State Zip Code
VERNON HILLS IL 60061
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 296.29
Date of Receipt 05 / 22 / 2009
Transaction ID: A2009-3352957
Amount of Each Receipt this Period 27.24

B. Full Name (Last, First, Middle Initial)
TIMOTHY R DUGAN
Mailing Address 3220 SANDY LANE
City State Zip Code
GLENVIEW IL 60025
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Home Office Counsel
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 314.45
Date of Receipt 05 / 08 / 2009
Transaction ID: A2009-3352752
Amount of Each Receipt this Period 31.91

C. Full Name (Last, First, Middle Initial)
TIMOTHY R DUGAN
Mailing Address 3220 SANDY LANE
City State Zip Code
GLENVIEW IL 60025
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Home Office Counsel
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 346.36
Date of Receipt 05 / 22 / 2009
Transaction ID: A2009-3353175
Amount of Each Receipt this Period 31.91

SUBTOTAL of Receipts This Page (optional) ► 91.06
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 51 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) MICHAEL S DUNN	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 18202 HARNISH RD.	Transaction ID: A2009-3352620
	City State Zip Code ROSCOE IL 61073	Amount of Each Receipt this Period 25.42
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Allstate Financial Senior Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.30	

B.	Full Name (Last, First, Middle Initial) MICHAEL S DUNN	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 18202 HARNISH RD.	Transaction ID: A2009-3353043
	City State Zip Code ROSCOE IL 61073	Amount of Each Receipt this Period 25.42
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Allstate Financial Senior Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 277.72	

C.	Full Name (Last, First, Middle Initial) LAURA DUNNE	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 1810 BALMORAL AVE	Transaction ID: A2009-3352626
	City State Zip Code GLENVIEW IL 60025	Amount of Each Receipt this Period 23.18
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP-Encompass Finance & D Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 231.80	

SUBTOTAL of Receipts This Page (optional)	74.02
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 52 / 204
(check only one)

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

A.

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

Mailing Address 1810 BALMORAL AVE

City State Zip Code
GLENVIEW IL 60025

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 254.98

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353049

Amount of Each Receipt this Period
23.18

B.

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

Mailing Address 1311 SOUTH WALNUT AVE.

City State Zip Code
ARLINGTON HTS. IL 60005

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.95

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352646

Amount of Each Receipt this Period
29.38

C.

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

Mailing Address 1311 SOUTH WALNUT AVE.

City State Zip Code
ARLINGTON HTS. IL 60005

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.33

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353069

Amount of Each Receipt this Period
29.38

SUBTOTAL of Receipts This Page (optional) ► **81.94**

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

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

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

FOR LINE NUMBER: PAGE 53 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MATTHEW S EASLEY
Mailing Address 1327 N Illinois Avenue
City State Zip Code
Arlington Heights IL 60004
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Vice President Product AF
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00
Date of Receipt 05 / 08 / 2009
Transaction ID: A2009-3352537
Amount of Each Receipt this Period 33.93

B. Full Name (Last, First, Middle Initial)
MATTHEW S EASLEY
Mailing Address 1327 N Illinois Avenue
City State Zip Code
Arlington Heights IL 60004
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Vice President Product AF
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 369.93
Date of Receipt 05 / 22 / 2009
Transaction ID: A2009-3352961
Amount of Each Receipt this Period 33.93

C. Full Name (Last, First, Middle Initial)
SHEILA A ECKHOFF
Mailing Address 211 N ERIE ST
City State Zip Code
WHEATON IL 60187
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 213.80
Date of Receipt 05 / 08 / 2009
Transaction ID: A2009-3352527
Amount of Each Receipt this Period 23.24

SUBTOTAL of Receipts This Page (optional) ► 91.10
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 54 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
SHEILA A ECKHOFF
Mailing Address 211 N ERIE ST
City State Zip Code
WHEATON IL 60187
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 233.29
Date of Receipt 05 / 22 / 2009
Transaction ID: A2009-3352951
Amount of Each Receipt this Period 19.49

B. Full Name (Last, First, Middle Initial)
KATHLEEN N ENRIGHT
Mailing Address 10323 TRUMBULL AVE
City State Zip Code
CHICAGO IL 60655
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 369.80
Date of Receipt 05 / 08 / 2009
Transaction ID: A2009-3352655
Amount of Each Receipt this Period 37.88

C. Full Name (Last, First, Middle Initial)
KATHLEEN N ENRIGHT
Mailing Address 10323 TRUMBULL AVE
City State Zip Code
CHICAGO IL 60655
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 407.68
Date of Receipt 05 / 22 / 2009
Transaction ID: A2009-3353078
Amount of Each Receipt this Period 37.88

SUBTOTAL of Receipts This Page (optional) ► 95.25
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 55 / 204
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
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 AVP Finance Innovation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 532.20

Date of Receipt 05 / 08 / 2009

Transaction ID: A2009-3352395

Amount of Each Receipt this Period 53.75

B.

Full Name (Last, First, Middle Initial)
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 AVP Finance Innovation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.95

Date of Receipt 05 / 22 / 2009

Transaction ID: A2009-3352820

Amount of Each Receipt this Period 53.75

C.

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

Mailing Address 673 HASTINGS ROAD

City Wheeling State IL Zip Code 60090

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

Name of Employer Allstate Insurance Company Occupation Unclassified Sr Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 324.80

Date of Receipt 05 / 08 / 2009

Transaction ID: A2009-3352576

Amount of Each Receipt this Period 32.70

SUBTOTAL of Receipts This Page (optional) ► 140.20

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 56 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 673 HASTINGS ROAD

City State Zip Code
WHEELING IL 60090

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

Name of Employer Allstate Insurance Company Occupation Unclassified Sr Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 357.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353000

Amount of Each Receipt this Period
32.70

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

Mailing Address 1224 BARCLAY CIRCLE

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.60

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352423

Amount of Each Receipt this Period
43.58

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

Mailing Address 1224 BARCLAY CIRCLE

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 476.18

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352848

Amount of Each Receipt this Period
43.58

SUBTOTAL of Receipts This Page (optional) ► **119.86**

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 57 / 204
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 21209 WEST YORKSHIRE DRIVE

City State Zip Code
KILDEER IL 60049

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

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 389.80

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352707

Amount of Each Receipt this Period
38.98

B.

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

Mailing Address 21209 WEST YORKSHIRE DRIVE

City State Zip Code
KILDEER IL 60049

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

Name of Employer Allstate Insurance Company Occupation Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 428.78

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353130

Amount of Each Receipt this Period
38.98

C.

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

Mailing Address 703 E CHERRY LN

City State Zip Code
ARLINGTON HTS IL 60004

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 486.60

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352572

Amount of Each Receipt this Period
49.26

SUBTOTAL of Receipts This Page (optional) ► **127.22**

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

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

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

FOR LINE NUMBER: PAGE 58 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 703 E CHERRY LN

City State Zip Code
ARLINGTON HTS IL 60004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.86

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352996

Amount of Each Receipt this Period
49.26

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

Mailing Address 918 JUNIPER ROAD

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer Allstate Insurance Company Occupation Senior Regional Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 268.35

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352683

Amount of Each Receipt this Period
27.10

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

Mailing Address 918 JUNIPER ROAD

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer Allstate Insurance Company Occupation Senior Regional Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.45

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353106

Amount of Each Receipt this Period
27.10

SUBTOTAL of Receipts This Page (optional) ► **103.46**

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 59 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code
ANTIOCH IL 60002

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

Name of Employer Occupation
Allstate Insurance Company Sales Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352430

Amount of Each Receipt this Period
25.52

B.

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

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code
ANTIOCH IL 60002

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

Name of Employer Occupation
Allstate Insurance Company Sales Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.72

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352855

Amount of Each Receipt this Period
25.52

C.

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

Mailing Address 1007 Harris Road

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Occupation
Allstate Insurance Company AVP Distribution Channel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 321.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352691

Amount of Each Receipt this Period
32.73

SUBTOTAL of Receipts This Page (optional) ▶

83.77

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 1007 Harris Road

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation AVP Distribution Channel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 353.73

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353114

Amount of Each Receipt this Period
32.73

B.

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

Mailing Address 613 REX

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation AVP State Team

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.45

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352566

Amount of Each Receipt this Period
39.53

C.

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

Mailing Address 613 REX

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Allstate Insurance Company Occupation AVP State Team

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 429.98

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352990

Amount of Each Receipt this Period
39.53

SUBTOTAL of Receipts This Page (optional) ► **111.79**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 204
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) ANGELA K FONTANA	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 1280 WILD ROSE LANE	Transaction ID: A2009-3353159
	City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 18.69
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 202.34	

B.	Full Name (Last, First, Middle Initial) MATTHEW D FULLER	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 350 EDGE FIELD LANE	Transaction ID: A2009-3352498
	City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 39.77
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Marketing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 397.70	

C.	Full Name (Last, First, Middle Initial) MATTHEW D FULLER	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 350 EDGE FIELD LANE	Transaction ID: A2009-3352923
	City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 39.77
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Marketing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 437.47	

SUBTOTAL of Receipts This Page (optional)	▶	98.23
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 62 / 204
(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

A.

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

Mailing Address 22255 MASHIE CT

City State Zip Code
IVANHOE IL 60060

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 329.55

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352440

Amount of Each Receipt this Period
33.28

B.

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

Mailing Address 22255 MASHIE CT

City State Zip Code
IVANHOE IL 60060

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 362.83

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352865

Amount of Each Receipt this Period
33.28

C.

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

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code
DIX HILLS NY 11746

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

Name of Employer Allstate Insurance Company Occupation VP-Agency Distribution

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 254.30

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352390

Amount of Each Receipt this Period
25.99

SUBTOTAL of Receipts This Page (optional) ► 92.55

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code
DIX HILLS NY 11746

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

Name of Employer Allstate Insurance Company Occupation VP-Agency Distribution

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.29

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352815

Amount of Each Receipt this Period
25.99

B.

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

Mailing Address 2321 WEST STEEPLECHASE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Vice President & Assistan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 615.90

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352444

Amount of Each Receipt this Period
62.20

C.

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

Mailing Address 2321 WEST STEEPLECHASE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Vice President & Assistan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 678.10

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352869

Amount of Each Receipt this Period
62.20

SUBTOTAL of Receipts This Page (optional) ► 150.39

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 64 / 204
(check only one)

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

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

Mailing Address 507 OLD WALNUT CIRCLE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.96

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352824

Amount of Each Receipt this Period
19.36

B. Full Name (Last, First, Middle Initial)
LYNN A GEHANT

Mailing Address 23W650 WOODWORTH PLACE

City State Zip Code
ROSELLE IL 60172

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

Name of Employer Allstate Insurance Company Occupation Product Operations Direct

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 373.35

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352577

Amount of Each Receipt this Period
37.52

C. Full Name (Last, First, Middle Initial)
LYNN A GEHANT

Mailing Address 23W650 WOODWORTH PLACE

City State Zip Code
ROSELLE IL 60172

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

Name of Employer Allstate Insurance Company Occupation Product Operations Direct

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.87

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353001

Amount of Each Receipt this Period
37.52

SUBTOTAL of Receipts This Page (optional) ► 94.40

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: (check only one)	PAGE 65 / 204
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) BONNIE S GILL	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 1570 EDGEFIELD LANE	Transaction ID: A2009-3352737
	City State Zip Code HOFFMAN ESTATES IL 60169	Amount of Each Receipt this Period 31.76
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP State Team Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 316.00	

B.	Full Name (Last, First, Middle Initial) BONNIE S GILL	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 1570 EDGEFIELD LANE	Transaction ID: A2009-3353160
	City State Zip Code HOFFMAN ESTATES IL 60169	Amount of Each Receipt this Period 31.76
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation AVP State Team Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 347.76	

C.	Full Name (Last, First, Middle Initial) JOAN GILMORE	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 656 S BUCKINGHAM CT	Transaction ID: A2009-3352396
	City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 39.77
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Claim Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 397.70	

SUBTOTAL of Receipts This Page (optional)	▶	103.29
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 66 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 656 S BUCKINGHAM CT

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Occupation
Allstate Insurance Company Claim Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 437.47

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352821

Amount of Each Receipt this Period

39.77

B.

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

Mailing Address 1601 OLD BARN CIRCLE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Occupation
Allstate Insurance Company AVP Administrative Operat

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 282.50

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352487

Amount of Each Receipt this Period

28.53

C.

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

Mailing Address 1601 OLD BARN CIRCLE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Occupation
Allstate Insurance Company AVP Administrative Operat

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 311.03

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352912

Amount of Each Receipt this Period

28.53

SUBTOTAL of Receipts This Page (optional) ▶

96.83

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 204
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 10 MULBERRY LN

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352964

Amount of Each Receipt this Period
19.88

B.

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

Mailing Address 4071 NEWPORT LANE

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 331.25

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352784

Amount of Each Receipt this Period
33.45

C.

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

Mailing Address 4071 NEWPORT LANE

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 364.70

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353206

Amount of Each Receipt this Period
33.45

SUBTOTAL of Receipts This Page (optional) ► 86.78

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: (check only one)	PAGE 68 / 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) GEORGE F GRAWE		Date of Receipt	
	Mailing Address 18799 GUNN HIGHWAY		M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: A2009-3352909
	ODESSA	FL	33556	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		19.88	
Name of Employer Allstate Insurance Company		Occupation Home Office Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		218.68		

B.	Full Name (Last, First, Middle Initial) PAMELA P GRAY		Date of Receipt	
	Mailing Address 50 E. BELLEVUE PL. #2402		M M / D D / Y Y Y Y Y 0 5 / 0 8 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: A2009-3352717
	CHICAGO	IL	60611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		27.12	
Name of Employer Allstate Insurance Company		Occupation Senior Marketing Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		268.55		

C.	Full Name (Last, First, Middle Initial) PAMELA P GRAY		Date of Receipt	
	Mailing Address 50 E. BELLEVUE PL. #2402		M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: A2009-3353140
	CHICAGO	IL	60611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		27.12	
Name of Employer Allstate Insurance Company		Occupation Senior Marketing Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		295.67		

SUBTOTAL of Receipts This Page (optional)	▶	74.12
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 69 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 338 North Kenilworth

City State Zip Code
OAK PARK IL 60302

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 533.60

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352502

Amount of Each Receipt this Period
53.36

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

Mailing Address 338 North Kenilworth

City State Zip Code
OAK PARK IL 60302

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 586.96

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352927

Amount of Each Receipt this Period
53.36

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

Mailing Address 91 STABLE WAY

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 244.20

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352402

Amount of Each Receipt this Period
24.90

SUBTOTAL of Receipts This Page (optional) ► **131.62**

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 70 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 91 STABLE WAY

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.10

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352827

Amount of Each Receipt this Period
24.90

B.

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

Mailing Address 417 Adams Avenue

City State Zip Code
Glencoe IL 60022

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 254.75

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352681

Amount of Each Receipt this Period
25.73

C.

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

Mailing Address 417 Adams Avenue

City State Zip Code
Glencoe IL 60022

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.48

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353104

Amount of Each Receipt this Period
25.73

SUBTOTAL of Receipts This Page (optional) ► 76.36

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

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

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

FOR LINE NUMBER: PAGE 71 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 6509 E. BETTY ELYSE LANE

City State Zip Code
SCOTTSDALE AZ 85254

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 211.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	9

Transaction ID: A2009-3353188

Amount of Each Receipt this Period
19.28

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

Mailing Address 3 South Wynstone

City State Zip Code
N. BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP Insurance Reserve

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 558.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	8	/	2	0	0	9

Transaction ID: A2009-3352630

Amount of Each Receipt this Period
56.33

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

Mailing Address 3 South Wynstone

City State Zip Code
N. BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation AVP Insurance Reserve

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 614.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	9

Transaction ID: A2009-3353053

Amount of Each Receipt this Period
56.33

SUBTOTAL of Receipts This Page (optional) ► **131.94**

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 72 / 204
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) ROBERT F HAIR		Date of Receipt
	Mailing Address 17 NORTH TRAIL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 5 / 0 8 / 2 0 0 9
	City	State	Zip Code
	HAWTHORN WOODS	IL	60047
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3352785
		Amount of Each Receipt this Period	<input type="text"/> 26.51
Name of Employer Allstate Insurance Company		Occupation Senior State Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 264.95

B.	Full Name (Last, First, Middle Initial) ROBERT F HAIR		Date of Receipt
	Mailing Address 17 NORTH TRAIL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 5 / 2 2 / 2 0 0 9
	City	State	Zip Code
	HAWTHORN WOODS	IL	60047
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3353207
		Amount of Each Receipt this Period	<input type="text"/> 26.51
Name of Employer Allstate Insurance Company		Occupation Senior State Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 291.46

C.	Full Name (Last, First, Middle Initial) RANDALL M HANSON		Date of Receipt
	Mailing Address 840 ALLEGHANY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 5 / 0 8 / 2 0 0 9
	City	State	Zip Code
	GRAYSLAKE	IL	60030
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3352746
		Amount of Each Receipt this Period	<input type="text"/> 35.01
Name of Employer Allstate Insurance Company		Occupation Claim Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 346.79

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 88.03
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 204
(check only one)

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

A.

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

Mailing Address 840 ALLEGHANY

City State Zip Code
GRAYSLAKE IL 60030

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

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 381.80

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353169

Amount of Each Receipt this Period
35.01

B.

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

Mailing Address 29030 N Spoon Court

City State Zip Code
Ivanhoe IL 60060

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 683.40

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352494

Amount of Each Receipt this Period
69.38

C.

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

Mailing Address 29030 N Spoon Court

City State Zip Code
Ivanhoe IL 60060

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 752.78

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352919

Amount of Each Receipt this Period
69.38

SUBTOTAL of Receipts This Page (optional) ► **173.77**

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

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

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

FOR LINE NUMBER: PAGE 74 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
RICHARD J HENEBERRY
Mailing Address 23 CLAYTON

City State Zip Code
LAKE VILLA IL 60046

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

Name of Employer Allstate Insurance Company Occupation AVP Corporate Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.15

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352518
Amount of Each Receipt this Period: 25.14

B. Full Name (Last, First, Middle Initial)
RICHARD J HENEBERRY
Mailing Address 23 CLAYTON

City State Zip Code
LAKE VILLA IL 60046

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

Name of Employer Allstate Insurance Company Occupation AVP Corporate Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.29

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352943
Amount of Each Receipt this Period: 25.14

C. Full Name (Last, First, Middle Initial)
ROBERT L HERRING
Mailing Address 4337 SPRUCE BOUGH DR

City State Zip Code
MARIETTA GA 30062

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

Name of Employer Allstate Insurance Company Occupation Sales Consultant Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.55

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352710
Amount of Each Receipt this Period: 32.96

SUBTOTAL of Receipts This Page (optional) ► 83.24

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 75 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 4337 SPRUCE BOUGH DR

City State Zip Code
MARIETTA GA 30062

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

Name of Employer Allstate Insurance Company Occupation Sales Consultant Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 358.51

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3353133
Amount of Each Receipt this Period: 32.96

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

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation VP-Agency Distribution

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 985.65

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352463
Amount of Each Receipt this Period: 100.26

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

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code
LINDENHURST IL 60046

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

Name of Employer Allstate Insurance Company Occupation VP-Agency Distribution

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1085.91

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352888
Amount of Each Receipt this Period: 100.26

SUBTOTAL of Receipts This Page (optional) ► 233.48

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

FOR LINE NUMBER: PAGE 76 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
LINDA M HONOUR

Mailing Address 1066 Griffith Rd.

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Allstate Insurance Company Occupation VP Investment Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 452.30

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352792

Amount of Each Receipt this Period
45.23

B.

Full Name (Last, First, Middle Initial)
LINDA M HONOUR

Mailing Address 1066 Griffith Rd.

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Allstate Insurance Company Occupation VP Investment Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 497.53

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353214

Amount of Each Receipt this Period
45.23

C.

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

Mailing Address 49 DORAL STREET

City State Zip Code
HURRICANE WV 25526

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

Name of Employer Allstate Insurance Company Occupation Market Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.95

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352466

Amount of Each Receipt this Period
23.83

SUBTOTAL of Receipts This Page (optional) ► **114.29**

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 77 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 49 DORAL STREET

City State Zip Code
HURRICANE WV 25526

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

Name of Employer Occupation
Allstate Insurance Company Market Sales Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 259.78

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352891

Amount of Each Receipt this Period

23.83

B.

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

Mailing Address 1101 S. State Street 1002

City State Zip Code
Chicago IL 60605

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

Name of Employer Occupation
Allstate Insurance Company Claims Service Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 312.10

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352510

Amount of Each Receipt this Period

31.52

C.

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

Mailing Address 1101 S. State Street 1002

City State Zip Code
Chicago IL 60605

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

Name of Employer Occupation
Allstate Insurance Company Claims Service Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 343.62

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352935

Amount of Each Receipt this Period

31.52

SUBTOTAL of Receipts This Page (optional) ►

86.87

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

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

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

FOR LINE NUMBER: PAGE 78 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MARY 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 Human Resource Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 218.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353127

Amount of Each Receipt this Period

19.88

B.

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

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code
KILDEER IL 60047

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 471.55

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352605

Amount of Each Receipt this Period

47.74

C.

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

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code
KILDEER IL 60047

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 519.29

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353028

Amount of Each Receipt this Period

47.74

SUBTOTAL of Receipts This Page (optional)

115.36

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 79 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code
CARY IL 60013

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

Name of Employer Allstate Insurance Company Occupation Senior Sourcing Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 287.10

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352558

Amount of Each Receipt this Period
29.27

B.

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

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code
CARY IL 60013

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

Name of Employer Allstate Insurance Company Occupation Senior Sourcing Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 316.37

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352982

Amount of Each Receipt this Period
29.27

C.

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

Mailing Address 3602 FRANKLIN CT.

City State Zip Code
CRYSTAL LAKE IL 60014

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

Name of Employer Allstate Insurance Company Occupation Vice President Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 802.85

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352541

Amount of Each Receipt this Period
81.08

SUBTOTAL of Receipts This Page (optional) ► 139.62

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 80 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) MICHAEL A JACKOWSKI		Date of Receipt
	Mailing Address 3602 FRANKLIN CT.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 2 / 2 0 0 9
	City	State	Zip Code
	CRYSTAL LAKE	IL	60014
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3352965
Name of Employer Allstate Insurance Company		Occupation Vice President Technology	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 883.93	<input type="text"/> 81.08

B.	Full Name (Last, First, Middle Initial) BOB A JACKSON		Date of Receipt
	Mailing Address 226 Maison Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 8 / 2 0 0 9
	City	State	Zip Code
	Altamonte Springs	FL	32714
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3352756
Name of Employer Allstate Insurance Company		Occupation Regional Sales Leader	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.90	<input type="text"/> 21.50

C.	Full Name (Last, First, Middle Initial) BOB A JACKSON		Date of Receipt
	Mailing Address 226 Maison Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 2 / 2 0 0 9
	City	State	Zip Code
	Altamonte Springs	FL	32714
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-3353179
Name of Employer Allstate Insurance Company		Occupation Regional Sales Leader	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 234.40	<input type="text"/> 21.50

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 124.08
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 204
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 331.75

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352534

Amount of Each Receipt this Period
33.50

B.

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

Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.25

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352958

Amount of Each Receipt this Period
33.50

C.

Full Name (Last, First, Middle Initial)
JOHN A KANE

Mailing Address 1 LONGLEY PLACE

City State Zip Code
HUNTINGTON STA NY 11746

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

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 213.28

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352825

Amount of Each Receipt this Period
19.73

SUBTOTAL of Receipts This Page (optional) ► **86.73**

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 82 / 204
(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

A.

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

Mailing Address 924 W. CHESTERFIELD CT.

City PALATINE State IL Zip Code 60067

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

Name of Employer Allstate Insurance Company Occupation Vice President & General

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 822.50

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352600
 Amount of Each Receipt this Period: 82.25

B.

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

Mailing Address 924 W. CHESTERFIELD CT.

City PALATINE State IL Zip Code 60067

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

Name of Employer Allstate Insurance Company Occupation Vice President & General

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 904.75

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3353023
 Amount of Each Receipt this Period: 82.25

C.

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

Mailing Address 622 SEDGWICK DR.

City LIBERTYVILLE State IL Zip Code 60048

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 397.50

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352631
 Amount of Each Receipt this Period: 39.75

SUBTOTAL of Receipts This Page (optional) ► 204.25

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 83 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 622 SEDGWICK DR.

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
437.25

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353054

Amount of Each Receipt this Period
39.75

B.

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

Mailing Address 1430 ROLLING LINKS DRIVE

City State Zip Code
ALPHARETTA GA 30004

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

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
498.25

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352383

Amount of Each Receipt this Period
50.32

C.

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

Mailing Address 1430 ROLLING LINKS DRIVE

City State Zip Code
ALPHARETTA GA 30004

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

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
548.57

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352808

Amount of Each Receipt this Period
50.32

SUBTOTAL of Receipts This Page (optional) ► **140.39**

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 84 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code
BARTLETT IL 60103

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 392.60

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352536

Amount of Each Receipt this Period
39.77

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

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code
BARTLETT IL 60103

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 432.37

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352960

Amount of Each Receipt this Period
39.77

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

Mailing Address 200 OXFORD RD

City State Zip Code
Tower Lakes IL 60010

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.85

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352586

Amount of Each Receipt this Period
25.41

SUBTOTAL of Receipts This Page (optional) ► **104.95**

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 85 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 200 OXFORD RD

City State Zip Code
Tower Lakes IL 60010

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 278.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	9

Transaction ID: A2009-3353010

Amount of Each Receipt this Period
25.41

B. Full Name (Last, First, Middle Initial)
BARBARA L KILROY

Mailing Address 1036 VINEYARD DRIVE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation Audit Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 202.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	9

Transaction ID: A2009-3352876

Amount of Each Receipt this Period
18.66

C. Full Name (Last, First, Middle Initial)
ANNE I KIM

Mailing Address 1580 SHERMAN AVE # 201

City State Zip Code
EVANSTON IL 60201

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 212.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	9

Transaction ID: A2009-3353093

Amount of Each Receipt this Period
19.59

SUBTOTAL of Receipts This Page (optional) ► **63.66**

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 86 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JAMES P KING

Mailing Address 592 TURNER AVENUE

City State Zip Code
GLEN ELLYN IL 60137

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.50

Date of Receipt MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352662

Amount of Each Receipt this Period 36.55

B.

Full Name (Last, First, Middle Initial)
JAMES P KING

Mailing Address 592 TURNER AVENUE

City State Zip Code
GLEN ELLYN IL 60137

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 402.05

Date of Receipt MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353085

Amount of Each Receipt this Period 36.55

C.

Full Name (Last, First, Middle Initial)
JEFFREY D KNIPP

Mailing Address 2050 GLENDALE AVE

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 303.90

Date of Receipt MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352743

Amount of Each Receipt this Period 30.91

SUBTOTAL of Receipts This Page (optional) 104.01

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 87 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) JEFFREY D KNIPP	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 2050 GLENDALE AVE	Transaction ID: A2009-3353166
	City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 30.91
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Operations Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 334.81

B.	Full Name (Last, First, Middle Initial) MARY G KNIPP	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 2050 GLENDALE AVENUE	Transaction ID: A2009-3352523
	City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 27.22
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Allstate Financial Market Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.14

C.	Full Name (Last, First, Middle Initial) GARY L KOCHANЕК	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 743 CARDIGAN CT	Transaction ID: A2009-3352543
	City State Zip Code NAPERVILLE IL 60565	Amount of Each Receipt this Period 32.70
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Finance Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.00

SUBTOTAL of Receipts This Page (optional)	90.83
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 88 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
GARY L KOCHANЕК

Mailing Address 743 CARDIGAN CT

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer Allstate Insurance Company Occupation Finance Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 359.70

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352967

Amount of Each Receipt this Period
32.70

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

Mailing Address 341 N FIORE PARKWAY

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 397.70

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352539

Amount of Each Receipt this Period
39.77

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

Mailing Address 341 N FIORE PARKWAY

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.47

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352963

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► **112.24**

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 89 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JAIKRISHNA KUCHIMANCHI
Mailing Address 1503 ALMADEN LN

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 303.05

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352661
Amount of Each Receipt this Period: 30.90

B. Full Name (Last, First, Middle Initial)
JAIKRISHNA KUCHIMANCHI
Mailing Address 1503 ALMADEN LN

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation CC IT Planning Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.95

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3353084
Amount of Each Receipt this Period: 30.90

C. Full Name (Last, First, Middle Initial)
MICHAEL A LAMONICA
Mailing Address 20580 HIGH RIDGE DR.

City State Zip Code
KILDEER IL 60047

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 689.80

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352590
Amount of Each Receipt this Period: 69.32

SUBTOTAL of Receipts This Page (optional) ► 131.12

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 90 / 204
(check only one)

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

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

Mailing Address 20580 HIGH RIDGE DR.

City State Zip Code
KILDEER IL 60047

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 759.12

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353014

Amount of Each Receipt this Period
69.32

B. Full Name (Last, First, Middle Initial)
DEBORAH G LAWRENCE

Mailing Address 910 S MICHIGAN AVE #1501

City State Zip Code
CHICAGO IL 60605

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

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352936

Amount of Each Receipt this Period
19.88

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

Mailing Address 1190 Palmer AVENUE

City State Zip Code
WINTER PARK FL 32789

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 771.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352750

Amount of Each Receipt this Period
78.24

SUBTOTAL of Receipts This Page (optional) ► **167.44**

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: (check only one)	PAGE 91 / 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 1190 Palmer AVENUE

City State Zip Code
WINTER PARK FL 32789

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 849.24

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353173

Amount of Each Receipt this Period
78.24

B. Full Name (Last, First, Middle Initial)
MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City State Zip Code
BELLEVUE WA 98004

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 615.45

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352787

Amount of Each Receipt this Period
62.30

C. Full Name (Last, First, Middle Initial)
MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City State Zip Code
BELLEVUE WA 98004

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 677.75

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353209

Amount of Each Receipt this Period
62.30

SUBTOTAL of Receipts This Page (optional) ▶ 202.84

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 92 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) SUSAN L LEES	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 1705 DARTMOUTH LN	Transaction ID: A2009-3352382
	City State Zip Code DEERFIELD IL 60015	Amount of Each Receipt this Period 28.99
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Sec & Gene Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 283.00	

B.	Full Name (Last, First, Middle Initial) SUSAN L LEES	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 1705 DARTMOUTH LN	Transaction ID: A2009-3352807
	City State Zip Code DEERFIELD IL 60015	Amount of Each Receipt this Period 28.99
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Sec & Gene Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 311.99	

C.	Full Name (Last, First, Middle Initial) ANDREW P LEICHT	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 2318 Coach Rd.	Transaction ID: A2009-3352548
	City State Zip Code Long Grove IL 60047	Amount of Each Receipt this Period 26.54
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Architect Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 307.22	

SUBTOTAL of Receipts This Page (optional)	▶	84.52
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 93 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 2318 Coach Rd.

City State Zip Code
Long Grove IL 60047

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

Name of Employer Occupation
Allstate Insurance Company Architect

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 333.76

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352972

Amount of Each Receipt this Period

26.54

B.

Full Name (Last, First, Middle Initial)
NANCY L LEMKE

Mailing Address 5697 BROOKSTONE WALK

City State Zip Code
ACWORTH GA 30101

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

Name of Employer Occupation
Allstate Insurance Company Senior Field Corporate Re

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 218.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352615

Amount of Each Receipt this Period

21.80

C.

Full Name (Last, First, Middle Initial)
NANCY L LEMKE

Mailing Address 5697 BROOKSTONE WALK

City State Zip Code
ACWORTH GA 30101

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

Name of Employer Occupation
Allstate Insurance Company Senior Field Corporate Re

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 239.80

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353038

Amount of Each Receipt this Period

21.80

SUBTOTAL of Receipts This Page (optional) ▶

70.14

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 94 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
KELLY J LIEN

Mailing Address 3 BEDFORD 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 Senior State Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.17

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353190

Amount of Each Receipt this Period

19.37

B.

Full Name (Last, First, Middle Initial)
CHRISTOPHER T LONGEWAY

Mailing Address 4536 N. Leavitt

City State Zip Code
CHICAGO IL 60625

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

Name of Employer Occupation
Allstate Insurance Company Associate Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 296.10

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352599

Amount of Each Receipt this Period

30.05

C.

Full Name (Last, First, Middle Initial)
CHRISTOPHER T LONGEWAY

Mailing Address 4536 N. Leavitt

City State Zip Code
CHICAGO IL 60625

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

Name of Employer Occupation
Allstate Insurance Company Associate Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 326.15

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353022

Amount of Each Receipt this Period

30.05

SUBTOTAL of Receipts This Page (optional)

79.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 204
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
JOHN C LOUNDS

Mailing Address 4424 STONEHAVEN

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Allstate Insurance Company Occupation Vice President Product AF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 313.38

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352692

Amount of Each Receipt this Period 38.68

B.

Full Name (Last, First, Middle Initial)
JOHN C LOUNDS

Mailing Address 4424 STONEHAVEN

City State Zip Code
LONG GROVE IL 60047

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

Name of Employer Allstate Insurance Company Occupation Vice President Product AF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 352.06

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353115

Amount of Each Receipt this Period 38.68

C.

Full Name (Last, First, Middle Initial)
COREY C LUECHT

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 Allstate Insurance Company Occupation Accounting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 217.73

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353041

Amount of Each Receipt this Period 19.88

SUBTOTAL of Receipts This Page (optional) ► 97.24

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 96 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST., APT. 504

City State Zip Code
CHICAGO IL 60604

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352643

Amount of Each Receipt this Period
33.14

B. Full Name (Last, First, Middle Initial)
BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST., APT. 504

City State Zip Code
CHICAGO IL 60604

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 358.14

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353066

Amount of Each Receipt this Period
33.14

C. Full Name (Last, First, Middle Initial)
DANIEL J MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code
CASTLE ROCK CO 80104

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

Name of Employer Allstate Insurance Company Occupation Regional Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 293.85

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352703

Amount of Each Receipt this Period
29.96

SUBTOTAL of Receipts This Page (optional) ► 96.24

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 97 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DANIEL 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 Regional Sales Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 323.81

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353126

Amount of Each Receipt this Period

29.96

B.

Full Name (Last, First, Middle Initial)
MORRIS A MADURO

Mailing Address PO BOX 4343

City State Zip Code
NAPERVILLE IL 60567

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

Name of Employer Occupation
Allstate Insurance Company Sales Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 397.70

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352403

Amount of Each Receipt this Period

39.77

C.

Full Name (Last, First, Middle Initial)
MORRIS A MADURO

Mailing Address PO BOX 4343

City State Zip Code
NAPERVILLE IL 60567

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

Name of Employer Occupation
Allstate Insurance Company Sales Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 437.47

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352828

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

109.50

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 98 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
KATHERINE MALCOMSON

Mailing Address 185 NILES EAST

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Education and Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 217.50

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353108

Amount of Each Receipt this Period
19.95

B.

Full Name (Last, First, Middle Initial)
KENNETH P MARCOTTE

Mailing Address 2311 HAVERTON DR

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.11

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352976

Amount of Each Receipt this Period
19.36

C.

Full Name (Last, First, Middle Initial)
MICHAEL P MARK

Mailing Address 3178 HAVEN LANE

City State Zip Code
LINDENHURST IL 60046

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 376.70

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352621

Amount of Each Receipt this Period
37.67

SUBTOTAL of Receipts This Page (optional) ► **76.98**

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 99 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MICHAEL P MARK

Mailing Address 3178 HAVEN LANE

City State Zip Code
LINDENHURST IL 60046

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 414.37

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353044

Amount of Each Receipt this Period

37.67

B.

Full Name (Last, First, Middle Initial)
JOHN R MATHEWS

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 Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 218.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353067

Amount of Each Receipt this Period

19.88

C.

Full Name (Last, First, Middle Initial)
W. D Mays

Mailing Address 1804 Prairie St

City State Zip Code
Glenview IL 60025

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

Name of Employer Occupation
Allstate Insurance Company Operations Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.71

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352887

Amount of Each Receipt this Period

19.31

SUBTOTAL of Receipts This Page (optional)

76.86

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 100 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City State Zip Code
BARRINGTON HILL IL 60010

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 785.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352629

Amount of Each Receipt this Period
79.28

B. Full Name (Last, First, Middle Initial)
MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City State Zip Code
BARRINGTON HILL IL 60010

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 864.28

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353052

Amount of Each Receipt this Period
79.28

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

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 397.60

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352575

Amount of Each Receipt this Period
39.76

SUBTOTAL of Receipts This Page (optional) ► **198.32**

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 101 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

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 Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.36

Date of Receipt 05 / 22 / 2009
Transaction ID: A2009-3352999
 Amount of Each Receipt this Period 39.76

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

Mailing Address 1028 PORTSMOUTH CIRCLE

City GURNEE State IL Zip Code 60031

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt 05 / 08 / 2009
Transaction ID: A2009-3352769
 Amount of Each Receipt this Period 23.71

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

Mailing Address 1028 PORTSMOUTH CIRCLE

City GURNEE State IL Zip Code 60031

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.71

Date of Receipt 05 / 22 / 2009
Transaction ID: A2009-3353191
 Amount of Each Receipt this Period 23.71

SUBTOTAL of Receipts This Page (optional) ► 87.18

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 102 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 103 Wateredge Court

City State Zip Code
Safety Harbor FL 34695

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 349.35

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352764

Amount of Each Receipt this Period
35.11

B.

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

Mailing Address 103 Wateredge Court

City State Zip Code
Safety Harbor FL 34695

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.46

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353186

Amount of Each Receipt this Period
35.11

C.

Full Name (Last, First, Middle Initial)
MICHAEL MCKINNEY

Mailing Address 5065 Raintree Circle

City State Zip Code
Parker CO 80134

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.95

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352457

Amount of Each Receipt this Period
25.61

SUBTOTAL of Receipts This Page (optional) ► **95.83**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 5065 Raintree Circle

City State Zip Code
Parker CO 80134

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 278.56

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352882
Amount of Each Receipt this Period: 25.61

B. Full Name (Last, First, Middle Initial)
JEFFREY J MCRAE

Mailing Address 83 Arcadia Lane

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352492
Amount of Each Receipt this Period: 23.45

C. Full Name (Last, First, Middle Initial)
JEFFREY J MCRAE

Mailing Address 83 Arcadia Lane

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.45

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352917
Amount of Each Receipt this Period: 23.45

SUBTOTAL of Receipts This Page (optional) ► 72.51

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 104 / 204
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
TENA MELFI

Mailing Address 333 E Woodland Rd

City State Zip Code
Lake Bluff IL 60044

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353221

Amount of Each Receipt this Period
19.88

B.

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

Mailing Address 21050 PRESTWICK DRIVE

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 341.60

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352398

Amount of Each Receipt this Period
34.68

C.

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

Mailing Address 21050 PRESTWICK DRIVE

City State Zip Code
BARRINGTON IL 60010

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 376.28

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352823

Amount of Each Receipt this Period
34.68

SUBTOTAL of Receipts This Page (optional) ► 89.24

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

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

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

FOR LINE NUMBER: PAGE 105 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
FREDERICK J MILLER

Mailing Address 6975 MEADOW POINT TER

City State Zip Code
NEW MARKET MD 21774

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

Name of Employer Allstate Insurance Company Occupation Regional EB Leader

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.85

Date of Receipt: MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352507

Amount of Each Receipt this Period 26.47

B. Full Name (Last, First, Middle Initial)
FREDERICK J MILLER

Mailing Address 6975 MEADOW POINT TER

City State Zip Code
NEW MARKET MD 21774

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

Name of Employer Allstate Insurance Company Occupation Regional EB Leader

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 287.32

Date of Receipt: MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352932

Amount of Each Receipt this Period 26.47

C. Full Name (Last, First, Middle Initial)
STEVEN M MILLER

Mailing Address 1011 Redwood Drive

City State Zip Code
ALGONQUIN IL 60102

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

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.20

Date of Receipt: MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352678

Amount of Each Receipt this Period 22.52

SUBTOTAL of Receipts This Page (optional) ► 75.46

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 106 / 204
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
STEVEN M MILLER

Mailing Address 1011 Redwood Drive

City State Zip Code
ALGONQUIN IL 60102

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

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 244.72

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353101

Amount of Each Receipt this Period
22.52

B.

Full Name (Last, First, Middle Initial)
CHRISTINE K MINER

Mailing Address 25264 MCINTYRE SQUARE

City State Zip Code
SOUTH RIDING VA 20152

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 268.20

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352485

Amount of Each Receipt this Period
27.02

C.

Full Name (Last, First, Middle Initial)
CHRISTINE K MINER

Mailing Address 25264 MCINTYRE SQUARE

City State Zip Code
SOUTH RIDING VA 20152

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.22

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352910

Amount of Each Receipt this Period
27.02

SUBTOTAL of Receipts This Page (optional) ► 76.56

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 107 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MARCIE E MOLEK
Mailing Address 400 KEVIN LANE
City GRAYSLAKE State IL Zip Code 60030
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP PCCSO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 231.85
Date of Receipt 05 / 08 / 2009
Transaction ID: A2009-3352560
Amount of Each Receipt this Period 23.64

B. Full Name (Last, First, Middle Initial)
MARCIE E MOLEK
Mailing Address 400 KEVIN LANE
City GRAYSLAKE State IL Zip Code 60030
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP PCCSO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.49
Date of Receipt 05 / 22 / 2009
Transaction ID: A2009-3352984
Amount of Each Receipt this Period 23.64

C. Full Name (Last, First, Middle Initial)
KAREN S MORRIS
Mailing Address 27707 LA VISTA DRIVE
City MUNDELEIN State IL Zip Code 60060
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Home Office Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 397.60
Date of Receipt 05 / 08 / 2009
Transaction ID: A2009-3352647
Amount of Each Receipt this Period 39.76

SUBTOTAL of Receipts This Page (optional) ► 87.04
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 204
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
KAREN S MORRIS

Mailing Address 27707 LA VISTA DRIVE

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.36

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353070

Amount of Each Receipt this Period
39.76

B.

Full Name (Last, First, Middle Initial)
LARRY E MOSER

Mailing Address 611 W. BURNING TREE LANE

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Allstate Insurance Company Occupation Research Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 283.50

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352555

Amount of Each Receipt this Period
28.35

C.

Full Name (Last, First, Middle Initial)
LARRY E MOSER

Mailing Address 611 W. BURNING TREE LANE

City State Zip Code
ARLINGTON HTS IL 60004

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

Name of Employer Allstate Insurance Company Occupation Research Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 311.85

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352979

Amount of Each Receipt this Period
28.35

SUBTOTAL of Receipts This Page (optional) ► 96.46

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: (check only one)	PAGE 109 / 204
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) MEGHAN O MULVIHILL	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 2445 CHERRY LANE	Transaction ID: A2009-3352455
	City NORTHBROOK State IL Zip Code 60062	Amount of Each Receipt this Period 33.27
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 327.10	

B.	Full Name (Last, First, Middle Initial) MEGHAN O MULVIHILL	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 2445 CHERRY LANE	Transaction ID: A2009-3352880
	City NORTHBROOK State IL Zip Code 60062	Amount of Each Receipt this Period 33.27
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.37	

C.	Full Name (Last, First, Middle Initial) MICHAEL F MULVIHILL	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 2445 CHERRY LANE	Transaction ID: A2009-3352544
	City NORTHBROOK State IL Zip Code 60062	Amount of Each Receipt this Period 39.09
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 386.10	

SUBTOTAL of Receipts This Page (optional)	105.63
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City NORTHBROOK State IL Zip Code 60062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 543.86

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352668
 Amount of Each Receipt this Period: 55.92

B.

Full Name (Last, First, Middle Initial)
DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City NORTHBROOK State IL Zip Code 60062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 599.78

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3353091
 Amount of Each Receipt this Period: 55.92

C.

Full Name (Last, First, Middle Initial)
BRIAN J NAGEL

Mailing Address 1211 AIMTREE

City SCHAUMBURG State IL Zip Code 60194

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 379.50

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352569
 Amount of Each Receipt this Period: 37.95

SUBTOTAL of Receipts This Page (optional) ► 149.79

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 112 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

BRIAN J NAGEL

Mailing Address 1211 AIMTREE

City State Zip Code
SCHAUMBURG IL 60194

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

Name of Employer Occupation
Allstate Insurance Company CC IT Systems Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 417.45

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352993

Amount of Each Receipt this Period

37.95

B.

Full Name (Last, First, Middle Initial)

JOAN M NAUGHTON

Mailing Address 650 MALIBOU

City State Zip Code
PALATINE IL 60074

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

Name of Employer Occupation
Allstate Insurance Company Marketing Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 217.24

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353068

Amount of Each Receipt this Period

19.84

C.

Full Name (Last, First, Middle Initial)

DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City State Zip Code
LAKE BARRINGTON IL 60010

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

Name of Employer Occupation
Allstate Insurance Company Vice President Technology

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1151.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352529

Amount of Each Receipt this Period

116.54

SUBTOTAL of Receipts This Page (optional)

174.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 113 / 204
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City State Zip Code
LAKE BARRINGTON IL 60010

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

Name of Employer Occupation
Allstate Insurance Company Vice President Technology

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1267.74

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352953

Amount of Each Receipt this Period

116.54

B.

Full Name (Last, First, Middle Initial)
PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City State Zip Code
DEER PARK IL 60010

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

Name of Employer Occupation
Allstate Insurance Company Vice President Human Reso

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 534.70

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352735

Amount of Each Receipt this Period

54.13

C.

Full Name (Last, First, Middle Initial)
PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City State Zip Code
DEER PARK IL 60010

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

Name of Employer Occupation
Allstate Insurance Company Vice President Human Reso

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 588.83

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353158

Amount of Each Receipt this Period

54.13

SUBTOTAL of Receipts This Page (optional)

224.80

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 114 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 1423 PIONEER COURT

City State Zip Code
WAUKEGAN IL 60085

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

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.50

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352663

Amount of Each Receipt this Period
30.78

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

Mailing Address 1423 PIONEER COURT

City State Zip Code
WAUKEGAN IL 60085

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

Name of Employer Allstate Insurance Company Occupation Human Resource Senior Man

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.28

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353086

Amount of Each Receipt this Period
30.78

C. Full Name (Last, First, Middle Initial)
NICHOLAS A NOTTE

Mailing Address 743 OLD WESTBURY RD.

City State Zip Code
CRYSTAL LAKE IL 60012

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

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.10

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352795

Amount of Each Receipt this Period
26.51

SUBTOTAL of Receipts This Page (optional) ► **88.07**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
NICHOLAS A NOTTE

Mailing Address 743 OLD WESTBURY RD.

City State Zip Code
CRYSTAL LAKE IL 60012

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

Name of Employer Occupation
Allstate Insurance Company Claims Field Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 291.61

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353217

Amount of Each Receipt this Period
26.51

B.

Full Name (Last, First, Middle Initial)
Patrick M O'Brien

Mailing Address 976 Hampton Park

City State Zip Code
Barrington IL 60010

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

Name of Employer Occupation
Allstate Insurance Company AVP - Emerging Business

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 640.95

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352803

Amount of Each Receipt this Period
64.73

C.

Full Name (Last, First, Middle Initial)
Patrick M O'Brien

Mailing Address 976 Hampton Park

City State Zip Code
Barrington IL 60010

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

Name of Employer Occupation
Allstate Insurance Company AVP - Emerging Business

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 705.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353225

Amount of Each Receipt this Period
64.73

SUBTOTAL of Receipts This Page (optional) ▶

155.97

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 116 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code
LAKE ZURICH IL 60047

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

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.29

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352944

Amount of Each Receipt this Period
19.74

B.

Full Name (Last, First, Middle Initial)
MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer
Allstate Insurance Company

Occupation
Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
293.05

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352416

Amount of Each Receipt this Period
29.52

C.

Full Name (Last, First, Middle Initial)
MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer
Allstate Insurance Company

Occupation
Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
322.57

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352841

Amount of Each Receipt this Period
29.52

SUBTOTAL of Receipts This Page (optional) ► **78.78**

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 117 / 204
(check only one)

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

A.

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

Mailing Address 5170 BARCROFT DRIVE

City State Zip Code
HOFFMAN ESTATES IL 60010

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

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 392.80

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352636

Amount of Each Receipt this Period
39.67

B.

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

Mailing Address 5170 BARCROFT DRIVE

City State Zip Code
HOFFMAN ESTATES IL 60010

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

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.47

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353059

Amount of Each Receipt this Period
39.67

C.

Full Name (Last, First, Middle Initial)
KATHY A OLCESE

Mailing Address 133 S. Mitchell

City State Zip Code
Arlington Heights IL 60005

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

Name of Employer Allstate Insurance Company Occupation AVP-Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.35

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352509

Amount of Each Receipt this Period
25.10

SUBTOTAL of Receipts This Page (optional) ► **104.44**

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

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

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

FOR LINE NUMBER: PAGE 118 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KATHY A OLCESE

Mailing Address 133 S. Mitchell

City State Zip Code
Arlington Heights IL 60005

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

Name of Employer Allstate Insurance Company Occupation AVP-Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 272.45

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352934
Amount of Each Receipt this Period: 25.10

B. Full Name (Last, First, Middle Initial)
JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 682.45

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352725
Amount of Each Receipt this Period: 69.29

C. Full Name (Last, First, Middle Initial)
JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Fiel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 751.74

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3353148
Amount of Each Receipt this Period: 69.29

SUBTOTAL of Receipts This Page (optional) ► 163.68

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 119 / 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) PAMELA J OVERTON		Date of Receipt
	Mailing Address 23475 W. Newhaven Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 5 / 0 8 / 2 0 0 9
	City	State	Zip Code
	Hawthorn Woods	IL	60047
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3352491
Name of Employer Allstate Insurance Company		Occupation AVP PCCSO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 42.37
		<input type="text"/> 418.50	

B.	Full Name (Last, First, Middle Initial) PAMELA J OVERTON		Date of Receipt
	Mailing Address 23475 W. Newhaven Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 5 / 2 2 / 2 0 0 9
	City	State	Zip Code
	Hawthorn Woods	IL	60047
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3352916
Name of Employer Allstate Insurance Company		Occupation AVP PCCSO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 42.37
		<input type="text"/> 460.87	

C.	Full Name (Last, First, Middle Initial) DEAN T PAPPAS		Date of Receipt
	Mailing Address 3406 VICEROY COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 5 / 0 8 / 2 0 0 9
	City	State	Zip Code
	EDGEWATER	MD	21037
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3352450
Name of Employer Allstate Insurance Company		Occupation Home Office Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 39.77
		<input type="text"/> 397.70	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 124.51
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 204
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City State Zip Code
EDGEWATER MD 21037

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.47

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352875

Amount of Each Receipt this Period
39.77

B.

Full Name (Last, First, Middle Initial)
MAYUR M PATEL

Mailing Address 742 E PARKVIEW CT

City State Zip Code
ROSELLE IL 60172

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.40

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352571

Amount of Each Receipt this Period
31.24

C.

Full Name (Last, First, Middle Initial)
MAYUR M PATEL

Mailing Address 742 E PARKVIEW CT

City State Zip Code
ROSELLE IL 60172

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 343.64

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352995

Amount of Each Receipt this Period
31.24

SUBTOTAL of Receipts This Page (optional) ► **102.25**

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 121 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CHARLES PAUL

Mailing Address 301 CAMELOT LANE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Occupation
Allstate Insurance Company General Vice President Em

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 753.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352439

Amount of Each Receipt this Period

76.26

B.

Full Name (Last, First, Middle Initial)
CHARLES PAUL

Mailing Address 301 CAMELOT LANE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Occupation
Allstate Insurance Company General Vice President Em

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 829.56

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352864

Amount of Each Receipt this Period

76.26

C.

Full Name (Last, First, Middle Initial)
RONALD J PEPPING

Mailing Address 2721 Acorn Ct.

City State Zip Code
West Dundee IL 60118

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

Name of Employer Occupation
Allstate Insurance Company Senior Sales Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 301.60

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352612

Amount of Each Receipt this Period

30.16

SUBTOTAL of Receipts This Page (optional)

182.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
RONALD J PEPPING

Mailing Address 2721 Acorn Ct.

City State Zip Code
West Dundee IL 60118

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

Name of Employer Allstate Insurance Company Occupation Senior Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 331.76

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353035

Amount of Each Receipt this Period
30.16

B.

Full Name (Last, First, Middle Initial)
FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City State Zip Code
LAKE FOREST IL 60045

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 505.55

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352408

Amount of Each Receipt this Period
51.55

C.

Full Name (Last, First, Middle Initial)
FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City State Zip Code
LAKE FOREST IL 60045

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 557.10

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352833

Amount of Each Receipt this Period
51.55

SUBTOTAL of Receipts This Page (optional) ► **133.26**

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

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

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

FOR LINE NUMBER: PAGE 123 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
NANCY A PERRY

Mailing Address 3575 CALDERWOOD DR

City State Zip Code
ROCKFORD IL 61114

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

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.74

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353057

Amount of Each Receipt this Period
19.29

B. Full Name (Last, First, Middle Initial)
JOHN M PETERS

Mailing Address 6727 N Sioux Ave

City State Zip Code
CHICAGO IL 60646

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

Name of Employer Allstate Insurance Company Occupation Allstate Financial Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 296.90

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352776

Amount of Each Receipt this Period
30.09

C. Full Name (Last, First, Middle Initial)
JOHN M PETERS

Mailing Address 6727 N Sioux Ave

City State Zip Code
CHICAGO IL 60646

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

Name of Employer Allstate Insurance Company Occupation Allstate Financial Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 326.99

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353198

Amount of Each Receipt this Period
30.09

SUBTOTAL of Receipts This Page (optional) ► 79.47

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 204
(check only one)

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

A.

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

Mailing Address 2756 BRECKENRIDGE LANE

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.55

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352794

Amount of Each Receipt this Period
30.91

B.

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

Mailing Address 2756 BRECKENRIDGE LANE

City State Zip Code
NAPERVILLE IL 60565

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

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 338.46

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353216

Amount of Each Receipt this Period
30.91

C.

Full Name (Last, First, Middle Initial)
STEVEN A PETTI

Mailing Address 580 SALCEDA DR

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation AVP Property & Casualty F

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 505.60

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352407

Amount of Each Receipt this Period
50.81

SUBTOTAL of Receipts This Page (optional) ► **112.63**

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

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

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

FOR LINE NUMBER: PAGE 125 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
STEVEN A PETTI

Mailing Address 580 SALCEDA DR

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation AVP Property & Casualty F

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 556.41

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352832

Amount of Each Receipt this Period
50.81

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

Mailing Address 2116 W CHURCHILL ST

City State Zip Code
CHICAGO IL 60647

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

Name of Employer Allstate Insurance Company Occupation Vice President Finance -

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 703.20

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352528

Amount of Each Receipt this Period
71.19

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

Mailing Address 2116 W CHURCHILL ST

City State Zip Code
CHICAGO IL 60647

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

Name of Employer Allstate Insurance Company Occupation Vice President Finance -

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 774.39

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352952

Amount of Each Receipt this Period
71.19

SUBTOTAL of Receipts This Page (optional) ▶ **193.19**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Mark D Pitchford

Mailing Address 653 Hinman Ave

City State Zip Code
Evanston IL 60202

FEC ID number of contributing federal political committee. C

Name of Employer: Allstate Insurance Company Occupation: VP Direct Distribution

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 652.65

Date of Receipt 05 / 08 / 2009
Transaction ID: A2009-3352798

Amount of Each Receipt this Period 65.91

B. Full Name (Last, First, Middle Initial)
Mark D Pitchford

Mailing Address 653 Hinman Ave

City State Zip Code
Evanston IL 60202

FEC ID number of contributing federal political committee. C

Name of Employer: Allstate Insurance Company Occupation: VP Direct Distribution

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 718.56

Date of Receipt 05 / 22 / 2009
Transaction ID: A2009-3353220

Amount of Each Receipt this Period 65.91

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

Mailing Address 2816 HAVEN LANE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing federal political committee. C

Name of Employer: Allstate Insurance Company Occupation: Vice President Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 466.15

Date of Receipt 05 / 08 / 2009
Transaction ID: A2009-3352401

Amount of Each Receipt this Period 47.08

SUBTOTAL of Receipts This Page (optional) 178.90

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 127 / 204
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) DAVID J PRENDERGAST	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 2816 HAVEN LANE	Transaction ID: A2009-3352826
	City State Zip Code LINDENHURST IL 60046	Amount of Each Receipt this Period 47.08
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Vice President Field Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 513.23	

B.	Full Name (Last, First, Middle Initial) THOMAS G PURTELL	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 22663 CHESHIRE COURT	Transaction ID: A2009-3352665
	City State Zip Code DEER PARK IL 60010	Amount of Each Receipt this Period 21.80
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Sr. Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.00	

C.	Full Name (Last, First, Middle Initial) THOMAS G PURTELL	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 22663 CHESHIRE COURT	Transaction ID: A2009-3353088
	City State Zip Code DEER PARK IL 60010	Amount of Each Receipt this Period 21.80
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Sr. Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 239.80	

SUBTOTAL of Receipts This Page (optional)	▶	90.68
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 128 / 204
(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

A.

Full Name (Last, First, Middle Initial)
JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City State Zip Code
ARLINGTON HGTS IL 60005

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

Name of Employer Allstate Insurance Company Occupation Product Operations Direct

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352788

Amount of Each Receipt this Period
32.32

B.

Full Name (Last, First, Middle Initial)
JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City State Zip Code
ARLINGTON HGTS IL 60005

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

Name of Employer Allstate Insurance Company Occupation Product Operations Direct

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 347.82

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353210

Amount of Each Receipt this Period
32.32

C.

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

Mailing Address 837 S. CHESTNUT AVENUE

City State Zip Code
ARLINGTON HEIGH IL 60005

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 397.70

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352690

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► 104.41

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 / 204
(check only one)

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

A.

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

Mailing Address 837 S. CHESTNUT AVENUE

City State Zip Code
ARLINGTON HEIGH IL 60005

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.47

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353113

Amount of Each Receipt this Period
39.77

B.

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

Mailing Address 359 STAFFORD COURT

City State Zip Code
LAKE FOREST IL 60045

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 581.30

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352499

Amount of Each Receipt this Period
58.13

C.

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

Mailing Address 359 STAFFORD COURT

City State Zip Code
LAKE FOREST IL 60045

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 639.43

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352924

Amount of Each Receipt this Period
58.13

SUBTOTAL of Receipts This Page (optional) ► 156.03

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) JOHN B REARDON		Date of Receipt MM / DD / YYYY 05 / 08 / 2009		
	Mailing Address 441 KELLY LANE		Transaction ID: A2009-3352387		
	City CRYSTAL LAKE	State IL	Zip Code 60012	Amount of Each Receipt this Period 44.91	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation Claim Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 442.55			

B.	Full Name (Last, First, Middle Initial) JOHN B REARDON		Date of Receipt MM / DD / YYYY 05 / 22 / 2009		
	Mailing Address 441 KELLY LANE		Transaction ID: A2009-3352812		
	City CRYSTAL LAKE	State IL	Zip Code 60012	Amount of Each Receipt this Period 44.91	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation Claim Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 487.46			

C.	Full Name (Last, First, Middle Initial) KEVIN P RICE		Date of Receipt MM / DD / YYYY 05 / 08 / 2009		
	Mailing Address 618 Burdick St.		Transaction ID: A2009-3352584		
	City LIBERTYVILLE	State IL	Zip Code 60048	Amount of Each Receipt this Period 37.26	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 367.20			

SUBTOTAL of Receipts This Page (optional)	▶	127.08
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 131 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 618 Burdick St.

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Occupation
Allstate Insurance Company CC IT Systems Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 404.46

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353008

Amount of Each Receipt this Period

37.26

B.

Full Name (Last, First, Middle Initial)
BRIAN R RICHARD

Mailing Address 37 JOSEPH PLACE

City State Zip Code
WAYNE NJ 07470

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

Name of Employer Occupation
Allstate Insurance Company Market Sales Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 256.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352379

Amount of Each Receipt this Period

26.23

C.

Full Name (Last, First, Middle Initial)
BRIAN R RICHARD

Mailing Address 37 JOSEPH PLACE

City State Zip Code
WAYNE NJ 07470

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

Name of Employer Occupation
Allstate Insurance Company Market Sales Leader

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 282.88

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352804

Amount of Each Receipt this Period

26.23

SUBTOTAL of Receipts This Page (optional) ▶

89.72

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

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

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

FOR LINE NUMBER: PAGE 132 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JOSEPH J RICHARDSON
Mailing Address 4968 Astor Court

City State Zip Code
Long Grove IL 60047

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

Name of Employer Allstate Insurance Company Occupation SVP-Protection Distributi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 793.45

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352442

Amount of Each Receipt this Period
81.28

B. Full Name (Last, First, Middle Initial)
JOSEPH J RICHARDSON
Mailing Address 4968 Astor Court

City State Zip Code
Long Grove IL 60047

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

Name of Employer Allstate Insurance Company Occupation SVP-Protection Distributi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 874.73

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352867

Amount of Each Receipt this Period
81.28

C. Full Name (Last, First, Middle Initial)
ROBIN R RICHMOND
Mailing Address 9 HAWTHORN GROVE CIRCLE

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.40

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352656

Amount of Each Receipt this Period
26.97

SUBTOTAL of Receipts This Page (optional) ► **189.53**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 133 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
ROBIN R RICHMOND

Mailing Address 9 HAWTHORN GROVE CIRCLE

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Occupation
Allstate Insurance Company AVP Technology Shared Ser

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 293.37

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353079

Amount of Each Receipt this Period

26.97

B.

Full Name (Last, First, Middle Initial)
DANIEL J RIVERA

Mailing Address 1632 OLD BARN CIRCLE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Occupation
Allstate Insurance Company Managing Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 859.60

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352729

Amount of Each Receipt this Period

85.96

C.

Full Name (Last, First, Middle Initial)
DANIEL J RIVERA

Mailing Address 1632 OLD BARN CIRCLE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Occupation
Allstate Insurance Company Managing Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 945.56

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353152

Amount of Each Receipt this Period

85.96

SUBTOTAL of Receipts This Page (optional)

198.89

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 134 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MARIO RIZZO
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 AVP Finance and Planning
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 454.40
Date of Receipt 05 / 08 / 2009
Transaction ID: A2009-3352588
Amount of Each Receipt this Period 46.33

B. Full Name (Last, First, Middle Initial)
MARIO RIZZO
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 AVP Finance and Planning
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.73
Date of Receipt 05 / 22 / 2009
Transaction ID: A2009-3353012
Amount of Each Receipt this Period 46.33

C. Full Name (Last, First, Middle Initial)
CLAY F ROBERTS
Mailing Address 3075 Sanders Road
City Northbrook State IL Zip Code 60062
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation CC IT Senior Planning Con
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 355.60
Date of Receipt 05 / 08 / 2009
Transaction ID: A2009-3352782
Amount of Each Receipt this Period 35.56

SUBTOTAL of Receipts This Page (optional) ► 128.22
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 135 / 204
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
CLAY F ROBERTS

Mailing Address 3075 Sanders Road

City Northbrook State IL Zip Code 60062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 391.16

Date of Receipt 05 / 22 / 2009

Transaction ID: A2009-3353204

Amount of Each Receipt this Period 35.56

B.

Full Name (Last, First, Middle Initial)
DANIEL P ROBERTS

Mailing Address 4374 W Anderson Rd

City South Euclid State OH Zip Code 44121

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

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.65

Date of Receipt 05 / 08 / 2009

Transaction ID: A2009-3352436

Amount of Each Receipt this Period 23.72

C.

Full Name (Last, First, Middle Initial)
DANIEL P ROBERTS

Mailing Address 4374 W Anderson Rd

City South Euclid State OH Zip Code 44121

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

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.37

Date of Receipt 05 / 22 / 2009

Transaction ID: A2009-3352861

Amount of Each Receipt this Period 23.72

SUBTOTAL of Receipts This Page (optional) ► 83.00

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 136 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
TED ROBERTS

Mailing Address 62 Bart Drive

City State Zip Code
Canton CT 06019

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.20

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352749

Amount of Each Receipt this Period
30.32

B.

Full Name (Last, First, Middle Initial)
TED ROBERTS

Mailing Address 62 Bart Drive

City State Zip Code
Canton CT 06019

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

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.52

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353172

Amount of Each Receipt this Period
30.32

C.

Full Name (Last, First, Middle Initial)
MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City State Zip Code
AURORA IL 60506

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

Name of Employer Allstate Insurance Company Occupation SVP-P-CCSO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 986.60

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352601

Amount of Each Receipt this Period
99.64

SUBTOTAL of Receipts This Page (optional) ► **160.28**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 / 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) MICHAEL J ROCHE		Date of Receipt MM / DD / YYYY 05 / 22 / 2009		
	Mailing Address 270 KINGSWAY DRIVE		Transaction ID: A2009-3353024		
	City AURORA	State IL	Zip Code 60506	Amount of Each Receipt this Period 99.64	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation SVP-P-CCSO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1086.24			

B.	Full Name (Last, First, Middle Initial) GREGORY C ROHLFING		Date of Receipt MM / DD / YYYY 05 / 08 / 2009		
	Mailing Address 106 ASHLAND		Transaction ID: A2009-3352522		
	City RIVER FOREST	State IL	Zip Code 60305	Amount of Each Receipt this Period 39.77	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation Home Office Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 397.70			

C.	Full Name (Last, First, Middle Initial) GREGORY C ROHLFING		Date of Receipt MM / DD / YYYY 05 / 22 / 2009		
	Mailing Address 106 ASHLAND		Transaction ID: A2009-3352947		
	City RIVER FOREST	State IL	Zip Code 60305	Amount of Each Receipt this Period 39.77	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allstate Insurance Company	Occupation Home Office Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 437.47			

SUBTOTAL of Receipts This Page (optional)	▶	179.18
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 138 / 204
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code
HINSDALE IL 60521

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Stra

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 329.65

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352596

Amount of Each Receipt this Period
33.53

B.

Full Name (Last, First, Middle Initial)
DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code
HINSDALE IL 60521

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

Name of Employer Allstate Insurance Company Occupation Vice President PCCSO Stra

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 363.18

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353019

Amount of Each Receipt this Period
33.53

C.

Full Name (Last, First, Middle Initial)
JOHN ROSZKOWSKI

Mailing Address 3371 VENARD RD.

City State Zip Code
DOWNERS GROVE IL 60515

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.13

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352635

Amount of Each Receipt this Period
37.21

SUBTOTAL of Receipts This Page (optional) ► **104.27**

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: PAGE 139 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) JOHN ROSZKOWSKI</p> <p>Mailing Address 3371 VENARD RD.</p> <p>City State Zip Code DOWNS GROVE IL 60515</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation CC IT Systems Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 388.34</p>	<p>Date of Receipt 05 / 22 / 2009</p> <p>Transaction ID: A2009-3353058</p> <p>Amount of Each Receipt this Period 37.21</p>
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<p>B. Full Name (Last, First, Middle Initial) GEORGE E RUEBENSON</p> <p>Mailing Address 29 FOX TR</p> <p>City State Zip Code LINCOLNSHIRE IL 60069</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation President Property & Casu</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1456.75</p>	<p>Date of Receipt 05 / 08 / 2009</p> <p>Transaction ID: A2009-3352652</p> <p>Amount of Each Receipt this Period 147.12</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) GEORGE E RUEBENSON</p> <p>Mailing Address 29 FOX TR</p> <p>City State Zip Code LINCOLNSHIRE IL 60069</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation President Property & Casu</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1603.87</p>	<p>Date of Receipt 05 / 22 / 2009</p> <p>Transaction ID: A2009-3353075</p> <p>Amount of Each Receipt this Period 147.12</p>
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SUBTOTAL of Receipts This Page (optional)	331.45
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 140 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DOREEN M RYAN

Mailing Address 17 ALSTON COURT

City State Zip Code
RED BANK NJ 07701

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

Name of Employer Allstate Insurance Company Occupation Managing Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352431

Amount of Each Receipt this Period
21.80

B.

Full Name (Last, First, Middle Initial)
DOREEN M RYAN

Mailing Address 17 ALSTON COURT

City State Zip Code
RED BANK NJ 07701

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

Name of Employer Allstate Insurance Company Occupation Managing Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 239.80

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352856

Amount of Each Receipt this Period
21.80

C.

Full Name (Last, First, Middle Initial)
PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 397.70

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352520

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► **83.37**

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 141 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City State Zip Code
LAKE FOREST IL 60045

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.47

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352945

Amount of Each Receipt this Period
39.77

B.

Full Name (Last, First, Middle Initial)
MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation AVP Asset Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.15

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352501

Amount of Each Receipt this Period
29.35

C.

Full Name (Last, First, Middle Initial)
MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City State Zip Code
VERNON HILLS IL 60061

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

Name of Employer Allstate Insurance Company Occupation AVP Asset Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352926

Amount of Each Receipt this Period
29.35

SUBTOTAL of Receipts This Page (optional) ► 98.47

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 204
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) PATRICK J SCHNEIDER	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 210 NORTH TRAIL	Transaction ID: A2009-3352639
	City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 30.37
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Senior Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.75	

B.	Full Name (Last, First, Middle Initial) PATRICK J SCHNEIDER	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 210 NORTH TRAIL	Transaction ID: A2009-3353062
	City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 30.37
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Senior Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 331.12	

C.	Full Name (Last, First, Middle Initial) STEPHEN E SCHOLL	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 7 COPPERFIELD DRIVE	Transaction ID: A2009-3352433
	City State Zip Code HAWTHORN WOODS IL 60047	Amount of Each Receipt this Period 54.21
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: AVP HR Shared Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 535.50	

SUBTOTAL of Receipts This Page (optional)	▶	114.95
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 143 / 204
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Allstate Insurance Company Occupation AVP HR Shared Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 589.71

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352858

Amount of Each Receipt this Period 54.21

B.

Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation Regional Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.01

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353161

Amount of Each Receipt this Period 19.06

C.

Full Name (Last, First, Middle Initial)
DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City State Zip Code
BUFFALO GROVE IL 60089

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

Name of Employer Allstate Insurance Company Occupation Senior State Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 244.95

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352565

Amount of Each Receipt this Period 24.86

SUBTOTAL of Receipts This Page (optional) ► **98.13**

TOTAL This Period (last page this line 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 / 204
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) DAVID I SCHUR	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 1216 SANDHURST DRIVE	Transaction ID: A2009-3352989
	City State Zip Code BUFFALO GROVE IL 60089	Amount of Each Receipt this Period 24.86
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Senior State Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 269.81	

B.	Full Name (Last, First, Middle Initial) MICHAEL D SCHUSTER	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 5908 E Night Glow Cir.	Transaction ID: A2009-3353192
	City State Zip Code Scottsdale AZ 85262	Amount of Each Receipt this Period 18.96
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Assistant Field Vice Pres Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 206.71	

C.	Full Name (Last, First, Middle Initial) DAVID J SCHWARTZER	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 128 Waverly Circle	Transaction ID: A2009-3352702
	City State Zip Code Phoenixville PA 19460	Amount of Each Receipt this Period 48.02
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Insurance Company Occupation: Vice President Field Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.50	

SUBTOTAL of Receipts This Page (optional)	91.84
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 145 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 128 Waverly Circle

City Phoenixville State PA Zip Code 19460

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

Name of Employer Allstate Insurance Company Occupation Vice President Field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 523.52

Date of Receipt 05 / 22 / 2009
Transaction ID: A2009-3353125
 Amount of Each Receipt this Period 48.02

B. Full Name (Last, First, Middle Initial)
STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City Chicago State IL Zip Code 60611

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

Name of Employer Allstate Insurance Company Occupation AVP Corporate Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 407.85

Date of Receipt 05 / 08 / 2009
Transaction ID: A2009-3352628
 Amount of Each Receipt this Period 41.19

C. Full Name (Last, First, Middle Initial)
STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City Chicago State IL Zip Code 60611

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

Name of Employer Allstate Insurance Company Occupation AVP Corporate Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 449.04

Date of Receipt 05 / 22 / 2009
Transaction ID: A2009-3353051
 Amount of Each Receipt this Period 41.19

SUBTOTAL of Receipts This Page (optional) ► 130.40

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 146 / 204
(check only one)

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

A.

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

Mailing Address 517 ROBINWOOD LANE

City State Zip Code
WHEATON IL 60189

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

Name of Employer Allstate Insurance Company Occupation VP & CFO Allstate Investm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 829.15

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352595

Amount of Each Receipt this Period
83.94

B.

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

Mailing Address 517 ROBINWOOD LANE

City State Zip Code
WHEATON IL 60189

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

Name of Employer Allstate Insurance Company Occupation VP & CFO Allstate Investm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 913.09

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353018

Amount of Each Receipt this Period
83.94

C.

Full Name (Last, First, Middle Initial)
STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City State Zip Code
HIGHLAND PARK IL 60035

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352940

Amount of Each Receipt this Period
19.88

SUBTOTAL of Receipts This Page (optional) ► **187.76**

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

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

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

FOR LINE NUMBER: PAGE 147 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DENIS C SHUNTA

Mailing Address 5200 RIDGEGATE WAY

City State Zip Code
FAIR OAKS CA 95628

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

Name of Employer Allstate Insurance Company Occupation Field Product Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.00

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352680
Amount of Each Receipt this Period: 21.80

B. Full Name (Last, First, Middle Initial)
DENIS C SHUNTA

Mailing Address 5200 RIDGEGATE WAY

City State Zip Code
FAIR OAKS CA 95628

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

Name of Employer Allstate Insurance Company Occupation Field Product Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 239.80

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3353103
Amount of Each Receipt this Period: 21.80

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

Mailing Address 418 DEUCE DRIVE

City State Zip Code
WALL NJ 07719

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 298.70

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352424
Amount of Each Receipt this Period: 30.31

SUBTOTAL of Receipts This Page (optional) ► 73.91

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 148 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

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

Mailing Address 418 DEUCE DRIVE

City WALL State NJ Zip Code 07719

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

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 329.01

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352849
 Amount of Each Receipt this Period: 30.31

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

Mailing Address 11 WEHRHEIM

City BARRINGTON State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 377.20

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352754
 Amount of Each Receipt this Period: 38.28

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

Mailing Address 11 WEHRHEIM

City BARRINGTON State IL Zip Code 60010

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

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 415.48

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3353177
 Amount of Each Receipt this Period: 38.28

SUBTOTAL of Receipts This Page (optional) ► 106.87

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

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

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

FOR LINE NUMBER: PAGE 149 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ANNE E SIMPSON
 Mailing Address 632 ONWENTSIA AVENUE
 City State Zip Code
 HIGHLAND PARK IL 60035
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 8 / 2 0 0 9
Transaction ID: A2009-3352526
 Amount of Each Receipt this Period
 26.51
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Tax Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.10

B. Full Name (Last, First, Middle Initial)
ANNE E SIMPSON
 Mailing Address 632 ONWENTSIA AVENUE
 City State Zip Code
 HIGHLAND PARK IL 60035
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 2 / 2 0 0 9
Transaction ID: A2009-3352950
 Amount of Each Receipt this Period
 26.51
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Tax Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.61

C. Full Name (Last, First, Middle Initial)
JOHN G SINNICKI
 Mailing Address 2117 CARROLL CREEK VIEW CT
 City State Zip Code
 FREDERICK MD 21702
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 8 / 2 0 0 9
Transaction ID: A2009-3352486
 Amount of Each Receipt this Period
 22.38
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.85

SUBTOTAL of Receipts This Page (optional) ► 75.40
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 150 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JOHN G SINNICKI

Mailing Address 2117 CARROLL CREEK VIEW CT

City State Zip Code
FREDERICK MD 21702

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

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 244.23

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352911

Amount of Each Receipt this Period
22.38

B.

Full Name (Last, First, Middle Initial)
DAVID W SKEATH

Mailing Address 608 Brooking Court

City State Zip Code
Lake Villa IL 60046

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

Name of Employer Allstate Insurance Company Occupation Finance Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 213.66

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353218

Amount of Each Receipt this Period
19.51

C.

Full Name (Last, First, Middle Initial)
KIMBERLY J SLOANE

Mailing Address 378 N. VISTA AVE

City State Zip Code
LOMBARD IL 60148

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

Name of Employer Allstate Insurance Company Occupation Claim Reserve Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 397.70

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352617

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► 81.66

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 151 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KIMBERLY J SLOANE

Mailing Address 378 N. VISTA AVE

City State Zip Code
LOMBARD IL 60148

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

Name of Employer Allstate Insurance Company Occupation Claim Reserve Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.47

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353040

Amount of Each Receipt this Period
39.77

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

Mailing Address 414 E. Burr Oak Dr.

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 335.35

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352706

Amount of Each Receipt this Period
34.03

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

Mailing Address 414 E. Burr Oak Dr.

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Allstate Insurance Company Occupation Associate Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 369.38

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353129

Amount of Each Receipt this Period
34.03

SUBTOTAL of Receipts This Page (optional) ► **107.83**

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 152 / 204
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
ELIAS SMITH

Mailing Address 2751 SW BEAR PAW TRAIL

City State Zip Code
PALM CITY FL 34990

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

Name of Employer Allstate Insurance Company Occupation Inside Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.40

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352429

Amount of Each Receipt this Period
23.14

B.

Full Name (Last, First, Middle Initial)
ELIAS SMITH

Mailing Address 2751 SW BEAR PAW TRAIL

City State Zip Code
PALM CITY FL 34990

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

Name of Employer Allstate Insurance Company Occupation Inside Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 254.54

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352854

Amount of Each Receipt this Period
23.14

C.

Full Name (Last, First, Middle Initial)
J E SMITH

Mailing Address 310 WHITMORE LANE

City State Zip Code
LAKE FOREST IL 60045

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 617.20

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352597

Amount of Each Receipt this Period
62.33

SUBTOTAL of Receipts This Page (optional) ► **108.61**

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 153 / 204
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
J E SMITH

Mailing Address 310 WHITMORE LANE

City State Zip Code
LAKE FOREST IL 60045

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 679.53

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353020

Amount of Each Receipt this Period
62.33

B.

Full Name (Last, First, Middle Initial)
RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City State Zip Code
Scottsdale AZ 85262

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

Name of Employer Allstate Insurance Company Occupation Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 303.45

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352744

Amount of Each Receipt this Period
30.79

C.

Full Name (Last, First, Middle Initial)
RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City State Zip Code
Scottsdale AZ 85262

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

Name of Employer Allstate Insurance Company Occupation Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 334.24

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353167

Amount of Each Receipt this Period
30.79

SUBTOTAL of Receipts This Page (optional) ► **123.91**

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 154 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

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

Mailing Address 20712 High Ridge Dr

City State Zip Code
KILDEER IL 60047

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

Name of Employer Allstate Insurance Company Occupation Senior Vice President Pro

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 789.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352693

Amount of Each Receipt this Period
79.73

B.

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

Mailing Address 20712 High Ridge Dr

City State Zip Code
KILDEER IL 60047

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

Name of Employer Allstate Insurance Company Occupation Senior Vice President Pro

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 869.23

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353116

Amount of Each Receipt this Period
79.73

C.

Full Name (Last, First, Middle Initial)
KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City State Zip Code
GLENVIEW IL 60026

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

Name of Employer Allstate Insurance Company Occupation Vice President Accounting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 327.20

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352660

Amount of Each Receipt this Period
33.52

SUBTOTAL of Receipts This Page (optional) ► **192.98**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 155 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City State Zip Code
GLENVIEW IL 60026

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

Name of Employer Allstate Insurance Company Occupation Vice President Accounting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.72

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353083

Amount of Each Receipt this Period
33.52

B. Full Name (Last, First, Middle Initial)
EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 368.95

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352448

Amount of Each Receipt this Period
37.53

C. Full Name (Last, First, Middle Initial)
EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City State Zip Code
MUNDELEIN IL 60060

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

Name of Employer Allstate Insurance Company Occupation Human Resource Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 406.48

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352873

Amount of Each Receipt this Period
37.53

SUBTOTAL of Receipts This Page (optional) ► **108.58**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 / 204
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City State Zip Code
N. BARRINGTON IL 60010

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.60

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352651

Amount of Each Receipt this Period
27.80

B.

Full Name (Last, First, Middle Initial)
JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City State Zip Code
N. BARRINGTON IL 60010

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.40

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353074

Amount of Each Receipt this Period
27.80

C.

Full Name (Last, First, Middle Initial)
MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 459.20

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352504

Amount of Each Receipt this Period
47.47

SUBTOTAL of Receipts This Page (optional) ► 103.07

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 157 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation AVP Technology Shared Ser

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 506.67

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352929
Amount of Each Receipt this Period: 47.47

B. Full Name (Last, First, Middle Initial)
EMORY D STEPHENS JR, Jr.

Mailing Address 4711 N WOLCOTT AVE

City State Zip Code
CHICAGO IL 60640

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

Name of Employer Allstate Insurance Company Occupation AVP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 401.90

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352472
Amount of Each Receipt this Period: 40.49

C. Full Name (Last, First, Middle Initial)
EMORY D STEPHENS JR, Jr.

Mailing Address 4711 N WOLCOTT AVE

City State Zip Code
CHICAGO IL 60640

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

Name of Employer Allstate Insurance Company Occupation AVP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 442.39

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352897
Amount of Each Receipt this Period: 40.49

SUBTOTAL of Receipts This Page (optional) ► 128.45

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 158 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
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 Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 392.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352482

Amount of Each Receipt this Period

39.46

B.

Full Name (Last, First, Middle Initial)
GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City State Zip Code
ATLANTIC BEACH FL 32233

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

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 431.76

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352907

Amount of Each Receipt this Period

39.46

C.

Full Name (Last, First, Middle Initial)
MYRON E STOUFFER

Mailing Address 1528 JESSICA LANE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Occupation
Allstate Insurance Company Vice President Product

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.77

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352479

Amount of Each Receipt this Period

25.59

SUBTOTAL of Receipts This Page (optional)

104.51

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 159 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MYRON E STOUFFER

Mailing Address 1528 JESSICA LANE

City State Zip Code
LIBERTYVILLE IL 60048

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

Name of Employer Allstate Insurance Company Occupation Vice President Product

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 278.36

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352904

Amount of Each Receipt this Period
25.59

B. Full Name (Last, First, Middle Initial)
CHRISTINE A SULLIVAN

Mailing Address 257 BIG TERRA LANE

City State Zip Code
GURNEE IL 60031

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

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352380

Amount of Each Receipt this Period
26.46

C. Full Name (Last, First, Middle Initial)
CHRISTINE A SULLIVAN

Mailing Address 257 BIG TERRA LANE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP PCCSO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.46

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352805

Amount of Each Receipt this Period
26.46

SUBTOTAL of Receipts This Page (optional) ► 78.51

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 / 204
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) KATHLEEN A SWAIN	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 242 HIGHVIEW	Transaction ID: A2009-3352531
	City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 56.86
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Auditing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 563.05	

B.	Full Name (Last, First, Middle Initial) KATHLEEN A SWAIN	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 242 HIGHVIEW	Transaction ID: A2009-3352955
	City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 56.86
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation Vice President Auditing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 619.91	

C.	Full Name (Last, First, Middle Initial) KIMBERLY A SYME	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 1609 SURRIDGE CT	Transaction ID: A2009-3352549
	City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 25.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 258.40	

SUBTOTAL of Receipts This Page (optional)	▶	139.56
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 204
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KIMBERLY A SYME

Mailing Address 1609 SURRIDGE CT

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 284.24

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352973

Amount of Each Receipt this Period
25.84

B. Full Name (Last, First, Middle Initial)
JERROLD S SZOSTAK

Mailing Address 1064 W GLENN TRAIL

City State Zip Code
ELK GROVE IL 60007

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claim Reserve Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 386.40

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352570

Amount of Each Receipt this Period
38.64

C. Full Name (Last, First, Middle Initial)
JERROLD S SZOSTAK

Mailing Address 1064 W GLENN TRAIL

City State Zip Code
ELK GROVE IL 60007

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claim Reserve Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.04

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352994

Amount of Each Receipt this Period
38.64

SUBTOTAL of Receipts This Page (optional) ► **103.12**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
BENJAMIN A TARVER
Mailing Address 2495 EMERALD LANE
City LINDENHURST State IL Zip Code 60046
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP Corporate Security
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 231.15
Date of Receipt 05 / 08 / 2009
Transaction ID: A2009-3352422
Amount of Each Receipt this Period 23.46

B. Full Name (Last, First, Middle Initial)
BENJAMIN A TARVER
Mailing Address 2495 EMERALD LANE
City LINDENHURST State IL Zip Code 60046
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation AVP Corporate Security
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 254.61
Date of Receipt 05 / 22 / 2009
Transaction ID: A2009-3352847
Amount of Each Receipt this Period 23.46

C. Full Name (Last, First, Middle Initial)
JANICE M TAYLOR
Mailing Address 7335 ATHLONE
City HOUSTON State TX Zip Code 77088
FEC ID number of contributing federal political committee. **C**
Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 235.00
Date of Receipt 05 / 08 / 2009
Transaction ID: A2009-3352730
Amount of Each Receipt this Period 23.79

SUBTOTAL of Receipts This Page (optional) ► 70.71
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 163 / 204
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JANICE M TAYLOR

Mailing Address 7335 ATHLONE

City HOUSTON State TX Zip Code 77088

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Performance Lea

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 258.79

Date of Receipt 05 / 22 / 2009

Transaction ID: A2009-3353153

Amount of Each Receipt this Period 23.79

B.

Full Name (Last, First, Middle Initial)
TIMOTHY J TAYLOR

Mailing Address 5314 RENEE AVE.

City CRYSTAL LAKE State IL Zip Code 60014

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.30

Date of Receipt 05 / 22 / 2009

Transaction ID: A2009-3352893

Amount of Each Receipt this Period 19.20

C.

Full Name (Last, First, Middle Initial)
PHILLIP J TELGENHOFF

Mailing Address 1631 DAUNTING DRIVE

City EL DORADO HILLS State CA Zip Code 95762

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.50

Date of Receipt 05 / 22 / 2009

Transaction ID: A2009-3353197

Amount of Each Receipt this Period 19.20

SUBTOTAL of Receipts This Page (optional) ▶ 62.19

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 204
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MICHAEL A THOMAS

Mailing Address 604 BRIER STREET

City State Zip Code
KENILWORTH IL 60043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Real Estate and Facilitie

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 218.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353215

Amount of Each Receipt this Period

19.88

B.

Full Name (Last, First, Middle Initial)
GERALYN A THOMPSON

Mailing Address 6906 S. BENNETT

City State Zip Code
CHICAGO IL 60649

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Communication Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 307.12

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352573

Amount of Each Receipt this Period

31.54

C.

Full Name (Last, First, Middle Initial)
GERALYN A THOMPSON

Mailing Address 6906 S. BENNETT

City State Zip Code
CHICAGO IL 60649

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Communication Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 338.66

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352997

Amount of Each Receipt this Period

31.54

SUBTOTAL of Receipts This Page (optional)

82.96

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 165 / 204
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MARK L THOMPSON

Mailing Address 3233 N RACINE #2

City State Zip Code
CHICAGO IL 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Product Non-Standard

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 267.85

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352739

Amount of Each Receipt this Period
26.92

B.

Full Name (Last, First, Middle Initial)
MARK L THOMPSON

Mailing Address 3233 N RACINE #2

City State Zip Code
CHICAGO IL 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Product Non-Standard

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.77

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353162

Amount of Each Receipt this Period
26.92

C.

Full Name (Last, First, Middle Initial)
WILLIAM J THOMPSON

Mailing Address 1104 Spruce Run Drive

City State Zip Code
Roanoke TX 76262

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Assistant Field Vice Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 394.90

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352469

Amount of Each Receipt this Period
40.07

SUBTOTAL of Receipts This Page (optional) ► **93.91**

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 166 / 204
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
WILLIAM J THOMPSON

Mailing Address 1104 Spruce Run Drive

City	State	Zip Code
Roanoke	TX	76262

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company	Occupation Assistant Field Vice Pres
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 434.97

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352894

Amount of Each Receipt this Period
40.07

B. Full Name (Last, First, Middle Initial)
ROBERT J TIERNEY

Mailing Address 6628 RFD-CARRIAGE WAY

City	State	Zip Code
LONG GROVE	IL	60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company	Occupation Procurement Director
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352971

Amount of Each Receipt this Period
19.88

C. Full Name (Last, First, Middle Initial)
LOREE E TOEDMAN

Mailing Address 21949 HICKORY HILL DR.

City	State	Zip Code
KILDEER	IL	60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company	Occupation Assistant Field Vice Pres
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 407.49

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352759

Amount of Each Receipt this Period
40.75

SUBTOTAL of Receipts This Page (optional)	▶	100.70
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 167 / 204
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
LOREE E TOEDMAN

Mailing Address 21949 HICKORY HILL DR.

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer
Allstate Insurance Company

Occupation
Assistant Field Vice Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
451.34

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353181

Amount of Each Receipt this Period
43.85

B.

Full Name (Last, First, Middle Initial)
ROBERT E TRANSON

Mailing Address 2644 N DOUGLAS

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer
Allstate Insurance Company

Occupation
AVP Strategic Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352585

Amount of Each Receipt this Period
29.67

C.

Full Name (Last, First, Middle Initial)
ROBERT E TRANSON

Mailing Address 2644 N DOUGLAS

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer
Allstate Insurance Company

Occupation
AVP Strategic Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.67

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353009

Amount of Each Receipt this Period
29.67

SUBTOTAL of Receipts This Page (optional) ► **103.19**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 204
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Agency Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 476.60

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352718

Amount of Each Receipt this Period
48.25

B.

Full Name (Last, First, Middle Initial)
MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Agency Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 524.85

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353141

Amount of Each Receipt this Period
48.25

C.

Full Name (Last, First, Middle Initial)
RICHARD D TURANO

Mailing Address 4960 S CHESTER ST

City State Zip Code
ENGLEWOOD CO 80111

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.38

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352831

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► 115.73

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 169 / 204
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DAVID J UNROE

Mailing Address 326 ELM CT.

City LIBERTYVILLE State IL Zip Code 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Field Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.68

Date of Receipt 05 / 22 / 2009

Transaction ID: A2009-3353201

Amount of Each Receipt this Period 19.88

B.

Full Name (Last, First, Middle Initial)
WILLIAM A VAINISI

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 Vice President & Assistan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 552.90

Date of Receipt 05 / 08 / 2009

Transaction ID: A2009-3352592

Amount of Each Receipt this Period 56.59

C.

Full Name (Last, First, Middle Initial)
WILLIAM A VAINISI

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 Vice President & Assistan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 609.49

Date of Receipt 05 / 22 / 2009

Transaction ID: A2009-3353016

Amount of Each Receipt this Period 56.59

SUBTOTAL of Receipts This Page (optional) ► 133.06

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 170 / 204
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
HELEN K VAN DAAL

Mailing Address 1300 LONGVALLEY RD.

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 214.82

Date of Receipt: MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352959

Amount of Each Receipt this Period: 19.62

B. Full Name (Last, First, Middle Initial)
JOHN W VAN ETTEN

Mailing Address 924 W. Gordon Terrace #3

City State Zip Code
Chicago IL 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Process Expert

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 223.00

Date of Receipt: MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352642

Amount of Each Receipt this Period: 29.50

C. Full Name (Last, First, Middle Initial)
JOHN W VAN ETTEN

Mailing Address 924 W. Gordon Terrace #3

City State Zip Code
Chicago IL 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Frontline Process Expert

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 241.40

Date of Receipt: MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353065

Amount of Each Receipt this Period: 18.40

SUBTOTAL of Receipts This Page (optional) ▶ 67.52

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 171 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 327.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352530

Amount of Each Receipt this Period
32.70

B. Full Name (Last, First, Middle Initial)
WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Senior Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 359.70

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352954

Amount of Each Receipt this Period
32.70

C. Full Name (Last, First, Middle Initial)
PATRICIA C VANLAMMEREN

Mailing Address 2800 Birchwood Avenue

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1580.72

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352753

Amount of Each Receipt this Period
57.72

SUBTOTAL of Receipts This Page (optional) ► 123.12

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 172 / 204
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
PATRICIA C VANLAMMEREN

Mailing Address 2800 Birchwood Avenue

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1638.44

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353176

Amount of Each Receipt this Period
57.72

B. Full Name (Last, First, Middle Initial)
RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City State Zip Code
BERWYN IL 60402

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 396.90

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352521

Amount of Each Receipt this Period
39.77

C. Full Name (Last, First, Middle Initial)
RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City State Zip Code
BERWYN IL 60402

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 436.67

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352946

Amount of Each Receipt this Period
39.77

SUBTOTAL of Receipts This Page (optional) ► **137.26**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Vice President & Treasure

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 713.45

Date of Receipt M M / D D / Y Y Y Y Y
05 / 08 / 2009

Transaction ID: A2009-3352418

Amount of Each Receipt this Period 72.57

B. Full Name (Last, First, Middle Initial)
STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation Vice President & Treasure

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 786.02

Date of Receipt M M / D D / Y Y Y Y Y
05 / 22 / 2009

Transaction ID: A2009-3352843

Amount of Each Receipt this Period 72.57

C. Full Name (Last, First, Middle Initial)
JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing federal political committee. C

Name of Employer Allstate Insurance Company Occupation SVP-Corporate Relations

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.35

Date of Receipt M M / D D / Y Y Y Y Y
05 / 08 / 2009

Transaction ID: A2009-3352791

Amount of Each Receipt this Period 51.06

SUBTOTAL of Receipts This Page (optional) 196.20

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 174 / 204
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation SVP-Corporate Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 555.41

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3353213
Amount of Each Receipt this Period: 51.06

B. Full Name (Last, First, Middle Initial)
MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City State Zip Code
CLOVIS CA 93611

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 284.30

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352497
Amount of Each Receipt this Period: 28.43

C. Full Name (Last, First, Middle Initial)
MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City State Zip Code
CLOVIS CA 93611

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Market Claim Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.73

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352922
Amount of Each Receipt this Period: 28.43

SUBTOTAL of Receipts This Page (optional) ► 107.92

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 175 / 204
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City State Zip Code
PONTE VEDRA FL 32082

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation General Vice President Em

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 634.60

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352481

Amount of Each Receipt this Period
63.46

B.

Full Name (Last, First, Middle Initial)
ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City State Zip Code
PONTE VEDRA FL 32082

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation General Vice President Em

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 698.06

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352906

Amount of Each Receipt this Period
63.46

C.

Full Name (Last, First, Middle Initial)
THOMAS M WARDEN

Mailing Address 770 Bair Island Road #200

City State Zip Code
Redwood City CA 94063

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Research Center

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 341.90

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352493

Amount of Each Receipt this Period
34.86

SUBTOTAL of Receipts This Page (optional) ► **161.78**

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 176 / 204
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
THOMAS M WARDEN

Mailing Address 770 Bair Island Road #200

City State Zip Code
Redwood City CA 94063

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Research Center

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 376.76

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3352918
Amount of Each Receipt this Period: 34.86

B. Full Name (Last, First, Middle Initial)
EDWIN L WASINGER JR, Jr.

Mailing Address 6245 MURIFIELD DRIVE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Product Operations Direct

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 370.25

Date of Receipt: 05 / 08 / 2009
Transaction ID: A2009-3352664
Amount of Each Receipt this Period: 37.57

C. Full Name (Last, First, Middle Initial)
EDWIN L WASINGER JR, Jr.

Mailing Address 6245 MURIFIELD DRIVE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Product Operations Direct

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 407.82

Date of Receipt: 05 / 22 / 2009
Transaction ID: A2009-3353087
Amount of Each Receipt this Period: 37.57

SUBTOTAL of Receipts This Page (optional) ► 110.00

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 177 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Bank Cash Management Dire

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 326.05

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352742

Amount of Each Receipt this Period
33.01

B. Full Name (Last, First, Middle Initial)
JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Bank Cash Management Dire

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 359.06

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353165

Amount of Each Receipt this Period
33.01

C. Full Name (Last, First, Middle Initial)
ROBERT J WHITE

Mailing Address 909 STILLWATER COURT

City State Zip Code
WESTON FL 33327

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 348.70

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352435

Amount of Each Receipt this Period
34.87

SUBTOTAL of Receipts This Page (optional) ► **100.89**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ROBERT J WHITE

Mailing Address 909 STILLWATER COURT

City State Zip Code
WESTON FL 33327

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Territorial Sales Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 383.57

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352860

Amount of Each Receipt this Period
34.87

B. Full Name (Last, First, Middle Initial)
SAMUEL W WHITEMAN

Mailing Address 47 Park View Ln

City State Zip Code
Hawthorn Woods IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.75

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352731

Amount of Each Receipt this Period
34.50

C. Full Name (Last, First, Middle Initial)
SAMUEL W WHITEMAN

Mailing Address 47 Park View Ln

City State Zip Code
Hawthorn Woods IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claims Field Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.25

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353154

Amount of Each Receipt this Period
34.50

SUBTOTAL of Receipts This Page (optional) ► **103.87**

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 179 / 204
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial) CYNTHIA A WHITFIELD		Date of Receipt MM / DD / YYYY 05 / 22 / 2009
Mailing Address 1818 N. Crenshaw Circle		Transaction ID: A2009-3352846
City Vernon Hills	State IL	Zip Code 60061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.86
Name of Employer Allstate Insurance Company	Occupation AVP-Product Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.73	

B.

Full Name (Last, First, Middle Initial) CYNTHIA R WHITLEY		Date of Receipt MM / DD / YYYY 05 / 08 / 2009
Mailing Address 6722 NEW HAMPSHIRE TRAIL		Transaction ID: A2009-3352471
City CRYSTAL LAKE	State IL	Zip Code 60012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.77
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.35	

C.

Full Name (Last, First, Middle Initial) CYNTHIA R WHITLEY		Date of Receipt MM / DD / YYYY 05 / 22 / 2009
Mailing Address 6722 NEW HAMPSHIRE TRAIL		Transaction ID: A2009-3352896
City CRYSTAL LAKE	State IL	Zip Code 60012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.77
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.12	

SUBTOTAL of Receipts This Page (optional)	99.40
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 180 / 204
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) ROB WHOLF</p> <p>Mailing Address 847 INTERLAKEN DRIVE</p> <p>City State Zip Code LAKE ZURICH IL 60047</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Claims Project Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 217.90</p>	<p>Date of Receipt MM / DD / YYYY 05 / 08 / 2009</p> <p>Transaction ID: A2009-3352503</p> <p>Amount of Each Receipt this Period 21.79</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) ROB WHOLF</p> <p>Mailing Address 847 INTERLAKEN DRIVE</p> <p>City State Zip Code LAKE ZURICH IL 60047</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Claims Project Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 239.69</p>	<p>Date of Receipt MM / DD / YYYY 05 / 22 / 2009</p> <p>Transaction ID: A2009-3352928</p> <p>Amount of Each Receipt this Period 21.79</p>
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<p>C. Full Name (Last, First, Middle Initial) JOHN K WILCOX</p> <p>Mailing Address 1120 JESSICA LANE</p> <p>City State Zip Code LIBERTYVILLE IL 60048</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Allstate Insurance Company</p> <p>Occupation Finance Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 334.50</p>	<p>Date of Receipt MM / DD / YYYY 05 / 08 / 2009</p> <p>Transaction ID: A2009-3352545</p> <p>Amount of Each Receipt this Period 33.94</p>
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SUBTOTAL of Receipts This Page (optional)	77.52
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 181 / 204
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Finance Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 368.44

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352969

Amount of Each Receipt this Period
33.94

B.

Full Name (Last, First, Middle Initial)
ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Chief Diversity Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 478.90

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352760

Amount of Each Receipt this Period
48.13

C.

Full Name (Last, First, Middle Initial)
ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Chief Diversity Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 527.03

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353182

Amount of Each Receipt this Period
48.13

SUBTOTAL of Receipts This Page (optional) ► **130.20**

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 182 / 204
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
JAMES L 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 Market Claim Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.25

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352474

Amount of Each Receipt this Period

22.75

B.

Full Name (Last, First, Middle Initial)
JAMES L WILLCOX

Mailing Address 1562 Sienna Oak Court

City State Zip Code
Sandy UT 84092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Market Claim Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 248.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352899

Amount of Each Receipt this Period

22.75

C.

Full Name (Last, First, Middle Initial)
JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City State Zip Code
CLARKSVILLE MD 21029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company Home Office Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 399.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352574

Amount of Each Receipt this Period

39.93

SUBTOTAL of Receipts This Page (optional)

85.43

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City State Zip Code
CLARKSVILLE MD 21029

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 439.23

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352998

Amount of Each Receipt this Period
39.93

B. Full Name (Last, First, Middle Initial)
THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City State Zip Code
CHICAGO IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2446.20

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352688

Amount of Each Receipt this Period
244.62

C. Full Name (Last, First, Middle Initial)
THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City State Zip Code
CHICAGO IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2690.82

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353111

Amount of Each Receipt this Period
244.62

SUBTOTAL of Receipts This Page (optional) ► 529.17

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation Accounting Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.75

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352653

Amount of Each Receipt this Period
19.88

B. Full Name (Last, First, Middle Initial)
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 Allstate Insurance Company Occupation Accounting Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.63

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353076

Amount of Each Receipt this Period
19.88

C. Full Name (Last, First, Middle Initial)
ANGELA K WOIROL

Mailing Address 28616 Sky Crest Dr

City State Zip Code
Ivanhoe IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.80

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352732

Amount of Each Receipt this Period
31.54

SUBTOTAL of Receipts This Page (optional) ► 71.30

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 185 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ANGELA K WOIROL

Mailing Address 28616 Sky Crest Dr

City State Zip Code
Ivanhoe IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Claim Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 342.34

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353155

Amount of Each Receipt this Period
31.54

B. Full Name (Last, First, Middle Initial)
MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 328.65

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352420

Amount of Each Receipt this Period
33.43

C. Full Name (Last, First, Middle Initial)
MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 362.08

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352845

Amount of Each Receipt this Period
33.43

SUBTOTAL of Receipts This Page (optional) ► 98.40

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 186 / 204
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
RHONDA WOODARD

Mailing Address 2341 MARCY AVENUE

City State Zip Code
EVANSTON IL 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP Product Delivery

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 361.20

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352751

Amount of Each Receipt this Period
36.30

B.

Full Name (Last, First, Middle Initial)
RHONDA WOODARD

Mailing Address 2341 MARCY AVENUE

City State Zip Code
EVANSTON IL 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP Product Delivery

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 397.50

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353174

Amount of Each Receipt this Period
36.30

C.

Full Name (Last, First, Middle Initial)
DONALD F WYATT JR, Jr.

Mailing Address 811 DRESSER DR.

City State Zip Code
MT PROSPECT IL 60056

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation CC IT Systems Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 362.55

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352550

Amount of Each Receipt this Period
36.44

SUBTOTAL of Receipts This Page (optional) ► 109.04

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 204
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DONALD F WYATT JR, Jr.

Mailing Address 811 DRESSER DR.

City State Zip Code
MT PROSPECT IL 60056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company CC IT Systems Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 398.99

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3352974

Amount of Each Receipt this Period
36.44

B.

Full Name (Last, First, Middle Initial)
FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company VP Knowledge Development

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 524.42

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: A2009-3352616

Amount of Each Receipt this Period
52.90

C.

Full Name (Last, First, Middle Initial)
FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Allstate Insurance Company VP Knowledge Development

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 577.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: A2009-3353039

Amount of Each Receipt this Period
52.90

SUBTOTAL of Receipts This Page (optional) ▶

142.24

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 188 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LORI J YELVINGTON

Mailing Address 1531 N HIGHLAND AVE

City State Zip Code
ARLINGTON HGTS. IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Procuremen

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 532.50

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352624

Amount of Each Receipt this Period
54.04

B. Full Name (Last, First, Middle Initial)
LORI J YELVINGTON

Mailing Address 1531 N HIGHLAND AVE

City State Zip Code
ARLINGTON HGTS. IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Vice President Procuremen

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 586.54

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353047

Amount of Each Receipt this Period
54.04

C. Full Name (Last, First, Middle Initial)
RICHARD P YOICIUS

Mailing Address 40135 N GOLDENROD

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Product Pricing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 421.70

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352551

Amount of Each Receipt this Period
42.59

SUBTOTAL of Receipts This Page (optional) ► 150.67

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 189 / 204
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
RICHARD P YOCIUS

Mailing Address 40135 N GOLDENROD

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP-Product Pricing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 464.29

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3352975

Amount of Each Receipt this Period
42.59

B.

Full Name (Last, First, Middle Initial)
CYNTHIA H YOUNG

Mailing Address 1861 N. Sawgrass Street

City State Zip Code
Vernon Hills IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP-Ivantage/Independent A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.50

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352790

Amount of Each Receipt this Period
109.12

C.

Full Name (Last, First, Middle Initial)
CYNTHIA H YOUNG

Mailing Address 1861 N. Sawgrass Street

City State Zip Code
Vernon Hills IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP-Ivantage/Independent A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1189.62

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353212

Amount of Each Receipt this Period
109.12

SUBTOTAL of Receipts This Page (optional) ► 260.83

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 190 / 204
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
PHILLIP C YOUNG

Mailing Address 2181 APPLE HILL LANE

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing federal political committee. C

Name of Employer
Allstate Insurance Company

Occupation
Director of Flight Operat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.20

Date of Receipt
05 / 22 / 2009

Transaction ID: A2009-3353003

Amount of Each Receipt this Period
19.55

B.

Full Name (Last, First, Middle Initial)
MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City State Zip Code
ARLINGTON HEIGHTS IL 60004

FEC ID number of contributing federal political committee. C

Name of Employer
Allstate Insurance Company

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
347.05

Date of Receipt
05 / 08 / 2009

Transaction ID: A2009-3352614

Amount of Each Receipt this Period
35.30

C.

Full Name (Last, First, Middle Initial)
MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City State Zip Code
ARLINGTON HEIGHTS IL 60004

FEC ID number of contributing federal political committee. C

Name of Employer
Allstate Insurance Company

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
382.35

Date of Receipt
05 / 22 / 2009

Transaction ID: A2009-3353037

Amount of Each Receipt this Period
35.30

SUBTOTAL of Receipts This Page (optional) 90.15

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 191 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Allstate Life Service

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 672.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	8	/	2	0	0	9

Transaction ID: A2009-3352705

Amount of Each Receipt this Period
67.29

B. Full Name (Last, First, Middle Initial)
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP Allstate Life Service

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 740.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	9

Transaction ID: A2009-3353128

Amount of Each Receipt this Period
67.29

C. Full Name (Last, First, Middle Initial)
PAUL K ZIGTERMAN

Mailing Address 236 SOUTH RIVERSIDE DRIVE

City State Zip Code
VILLA PARK IL 60181

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 217.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	9

Transaction ID: A2009-3353096

Amount of Each Receipt this Period
19.85

SUBTOTAL of Receipts This Page (optional) ► **154.43**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 204
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
GERALD L ZIMMERMAN JR, Jr.

Mailing Address 2584 Sutton Lane

City State Zip Code
AURORA IL 60502

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.35

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352697

Amount of Each Receipt this Period
38.32

B.

Full Name (Last, First, Middle Initial)
GERALD L ZIMMERMAN JR, Jr.

Mailing Address 2584 Sutton Lane

City State Zip Code
AURORA IL 60502

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Home Office Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 418.67

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: A2009-3353120

Amount of Each Receipt this Period
38.32

C.

Full Name (Last, First, Middle Initial)
JERRY D ZINKULA

Mailing Address 920 CEDAR LANE

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 221.20

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: A2009-3352740

Amount of Each Receipt this Period
22.12

SUBTOTAL of Receipts This Page (optional) ► **98.76**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JERRY D ZINKULA

Mailing Address 920 CEDAR LANE

City NORTHBROOK State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 243.32

Date of Receipt 05 / 22 / 2009

Transaction ID: A2009-3353163

Amount of Each Receipt this Period 22.12

B. Full Name (Last, First, Middle Initial)
CARLA D ZUNIGA

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 AVP Technology Shared Ser

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 223.45

Date of Receipt 05 / 08 / 2009

Transaction ID: A2009-3352757

Amount of Each Receipt this Period 22.78

C. Full Name (Last, First, Middle Initial)
CARLA D ZUNIGA

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 AVP Technology Shared Ser

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 246.23

Date of Receipt 05 / 22 / 2009

Transaction ID: A2009-3353180

Amount of Each Receipt this Period 22.78

SUBTOTAL of Receipts This Page (optional) ▶ 67.68

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 194 / 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
J K ZUZICH

Mailing Address 1125 ACORN TRAIL

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP HR People Planning &

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	0	9

Transaction ID: A2009-3352748
 Amount of Each Receipt this Period
 36.26

B. Full Name (Last, First, Middle Initial)
J K ZUZICH

Mailing Address 1125 ACORN TRAIL

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation AVP HR People Planning &

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 396.71

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	0	9

Transaction ID: A2009-3353171
 Amount of Each Receipt this Period
 36.26

SUBTOTAL of Receipts This Page (optional)	72.52
TOTAL This Period (last page this line number only)	22649.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 195 / 204

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
Fifth Third Bank

Mailing Address 346 West Carol Lane

City Elmhurst State IL Zip Code 60062

Purpose of Disbursement
May 2009 bank charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: IL

District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Not Applicable

Transaction ID: B268118

Date of Disbursement

05 / 12 / 2009

Amount of Each Disbursement this Period

103.45

SUBTOTAL of Disbursements This Page (optional)

103.45

TOTAL This Period (last page this line number only)

103.45

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 196 / 204

<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

<p>A. Full Name (Last, First, Middle Initial) Shelby for U S Senate</p> <p>Mailing Address 2101 Wilson Blvd. Suite 610</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Richard C Shelby</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District:</p>	<p>Transaction ID: B266769 Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Royce Campaign Committee</p> <p>Mailing Address 217 3rd Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Ed Royce</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 40</p>	<p>Transaction ID: B267330 Date of Disbursement 05 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Michael Castle</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District: 01</p>	<p>Transaction ID: B267042 Date of Disbursement 05 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 197 / 204

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
Schock for Congress

Transaction ID: B266772

Date of Disbursement

Mailing Address 209 Pennsylvania Ave. SE #229-D

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	9

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
Aaron Schock

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 18

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

TOTAL This Period (last page this line number only) ►

4500.00

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

<p>A. Full Name (Last, First, Middle Initial) Mary Hayashi for Assembly 2010 #1313555</p> <p>Mailing Address 1127 11th Street Suite 606</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement P-2010 State House 18 CA</p> <p>Candidate Name Mary Hayashi</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B266363</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Bill Berryhill for Assembly 2010 #1314368</p> <p>Mailing Address PO Box 471</p> <p>City Sacramento State CA Zip Code 95817</p> <p>Purpose of Disbursement P-2010 State House 26 CA</p> <p>Candidate Name Bill Berryhill</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B266775</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Charles Calderon for Assembly ID# 1313900</p> <p>Mailing Address 1127 11th Street Suite 505</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement P-2010 State House 58 CA</p> <p>Candidate Name Charles M Calderon</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B267162</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p>

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)

PAGE 199 / 204

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) Louisiana Republican Legislative Delegation <hr/> Mailing Address P.O. Box 44422 <hr/> City Baton Rouge State LA Zip Code 70804 Purpose of Disbursement State Party Cmte Candidate Name	Transaction ID: B267044 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
011 Category/Type	

B. Full Name (Last, First, Middle Initial) LA Senate Democratic Campaign Cmte. <hr/> Mailing Address PO Box 4385 <hr/> City Baton Rouge State LA Zip Code 70821 Purpose of Disbursement State Party Cmte Candidate Name	Transaction ID: B267046 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
011 Category/Type	

C. Full Name (Last, First, Middle Initial) LA House Democratic Campaign Committee <hr/> Mailing Address P.O. Box 4385 <hr/> City Baton Rouge State LA Zip Code 70821 Purpose of Disbursement State Party Cmte Candidate Name	Transaction ID: B267045 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
011 Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 200 / 204

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

<p>A. Full Name (Last, First, Middle Initial) Jim Donelon Campaign Committee</p> <p>Mailing Address P.O. Box 3516</p> <p>City Baton Rouge State LA Zip Code 70821</p> <p>Purpose of Disbursement P-2011 State Insur. Comm. LA</p> <p>Candidate Name James Donelon</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B267300 Date of Disbursement 05 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens for David Rudolph</p> <p>Mailing Address 17 West Courtland St.</p> <p>City Bel Air State MD Zip Code 21014</p> <p>Purpose of Disbursement O-2010 State House 34B MD</p> <p>Candidate Name David D. Rudolph</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Election Cycle</p>	<p>Transaction ID: B266768 Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens for Delores Kelley</p> <p>Mailing Address P.O. Box 21514</p> <p>City Baltimore State MD Zip Code 21282</p> <p>Purpose of Disbursement O-2010 State Senate 10 MD</p> <p>Candidate Name Delores G Kelley</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Election Cycle</p>	<p>Transaction ID: B267165 Date of Disbursement 05 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 201 / 204

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Brenden for Montana Senate Dist. 10

Mailing Address PO Box 970

City State Zip Code
Scobey MT 59263

Purpose of Disbursement
G-2008 State Senate 10 MT

Category/
Type

Candidate Name
John Brenden

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B239938
Date of Disbursement

/

Amount of Each Disbursement this Period

Voided: Original check dated 10/23/2008

B. Full Name (Last, First, Middle Initial)
Taylor Brown for Senate

Mailing Address PO Box 183

City State Zip Code
Ballantine MT 59006

Purpose of Disbursement
G-2008 State Senate 22 MT

Category/
Type

Candidate Name
William Brown

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B239939
Date of Disbursement

/

Amount of Each Disbursement this Period

Voided: Original check dated 10/23/2008

C. Full Name (Last, First, Middle Initial)
Campaign to Elect Dee Brown

Mailing Address PO Box 444

City State Zip Code
Hungry Horse MT 59919

Purpose of Disbursement
G-2008 State House 03 MT

Category/
Type

Candidate Name
Dee L Brown

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B239931
Date of Disbursement

/

Amount of Each Disbursement this Period

Voided: Original check dated 10/23/2008

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)

PAGE 202 / 204

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Committee to Elect Mike Cooney Mailing Address 713 Pyrite Court City Helena State MT Zip Code 59601 Purpose of Disbursement P-2010 State Senate 40 MT Candidate Name Mike Cooney Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B239940 Date of Disbursement 05 / 06 / 2009 Amount of Each Disbursement this Period -160.00 011 Category/ Type Voided: Original check dated 10/23/2008
B.	Full Name (Last, First, Middle Initial) Campaign to Elect Dennis Himmelberger Mailing Address PO Box 22272 City Billings State MT Zip Code 59104 Purpose of Disbursement G-2008 State House 47 MT Candidate Name Dennis Himmelberger Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B239932 Date of Disbursement 05 / 06 / 2009 Amount of Each Disbursement this Period -160.00 011 Category/ Type Voided: Original check dated 10/23/2008
C.	Full Name (Last, First, Middle Initial) Patricia Ingraham for Legislature Mailing Address PO Box 1151 City Thompson Falls State MT Zip Code 59873 Purpose of Disbursement G-2008 State House 13 MT Candidate Name Patricia Ingraham Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B239933 Date of Disbursement 05 / 06 / 2009 Amount of Each Disbursement this Period -160.00 011 Category/ Type Voided: Original check dated 10/23/2008

SUBTOTAL of Disbursements This Page (optional) ▶	-480.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Krayton Kerns for State Representative

Mailing Address 419 East Main Street

City State Zip Code
Laurel MT 59044

Purpose of Disbursement
G-2008 State House 58 MT

Category/
Type

Candidate Name
Krayton Kerns

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B239934
Date of Disbursement

/

Amount of Each Disbursement this Period

Voided: Original check dated 10/23/2008

B. Full Name (Last, First, Middle Initial)
Committee to Elect Gary MacLaren

Mailing Address 429 Curlew Orchard Rd.

City State Zip Code
Victor MT 59875

Purpose of Disbursement
G-2008 State House 89 MT

Category/
Type

Candidate Name
Gary MacLaren

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B239935
Date of Disbursement

/

Amount of Each Disbursement this Period

Voided: Original check dated 10/23/2008

C. Full Name (Last, First, Middle Initial)
McGillvry for Legislature

Mailing Address PO Box 80272

City State Zip Code
Billings MT 59108

Purpose of Disbursement
G-2008 State House 50 MT

Category/
Type

Candidate Name
Tom McGillvray

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B239936
Date of Disbursement

/

Amount of Each Disbursement this Period

Voided: Original check dated 10/23/2008

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) PA Insurance PAC <hr/> Mailing Address 1600 Market Street #1520 <hr/> City Philadelphia State PA Zip Code 19103 <hr/> Purpose of Disbursement State PAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Transaction ID: B266091 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 4000.00
B. Full Name (Last, First, Middle Initial) Friends of Joe Scarnati <hr/> Mailing Address P.O. Box 177 <hr/> City Brockway State PA Zip Code 15824 <hr/> Purpose of Disbursement P-2012 State Senate 25 PA Candidate Name Joseph B Scarnati, III <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B266090 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

TOTAL This Period (last page this line number only) ►

13560.00