



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Allstate Insurance Company PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="18587.52"/>	<input type="text" value="18587.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="38049.35"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="30297.60"/>	<input type="text" value="114849.09"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="68346.95"/>	<input type="text" value="133436.61"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11385.56"/>	<input type="text" value="76475.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56961.39"/>	<input type="text" value="56961.39"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Allstate Insurance Company PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25658.55	63253.78
(ii) Unitemized .....	4639.05	51595.31
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30297.60	114849.09
(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) .....	30297.60	114849.09
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	30297.60	114849.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30297.60	114849.09

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	85.56	585.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	85.56	585.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	67750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	300.00	8140.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11385.56	76475.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11385.56	76475.22

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	30297.60	114849.09
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30297.60	114849.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	85.56	585.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	85.56	585.22

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

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

FOR LINE NUMBER: PAGE 6 OF 202  
(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. REBECCA A ABEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 657 CORAL COURT

City LINDENHURST	State IL	Zip Code 60046
---------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Claims Service Manager
--	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **218.03**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**  
**Transaction ID : A2014-806850**

Amount of Each Receipt this Period  
**24.70**

**B. REBECCA A ABEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 657 CORAL COURT

City LINDENHURST	State IL	Zip Code 60046
---------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Claims Service Manager
--	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.73**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**  
**Transaction ID : A2014-1099024**

Amount of Each Receipt this Period  
**24.70**

**C. REBECCA A ABEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 657 CORAL COURT

City LINDENHURST	State IL	Zip Code 60046
---------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Claims Service Manager
--	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **267.43**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**  
**Transaction ID : A2014-1133237**

Amount of Each Receipt this Period  
**24.70**

**SUBTOTAL** of Receipts This Page (optional)..... ► **74.10**

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

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

Form/Schedule: SA11AI  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 202
	<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. ERNEST D ADAMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 105

City Grayslake	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation ATO-Leader-Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.80	

Date of Receipt  
05 / 16 / 2014  
**Transaction ID : A2014-1098850**

Amount of Each Receipt this Period  
208.80

**B. ERNEST D ADAMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 105

City Grayslake	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation ATO-Leader-Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.68	

Date of Receipt  
05 / 30 / 2014  
**Transaction ID : A2014-1133064**

Amount of Each Receipt this Period  
208.80

**C. DENIS BAILEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8316 E. Tailfeather Dr

City Scottsdale	State AZ	Zip Code 85255
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-SAL-Field Senior Vice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.04	

Date of Receipt  
05 / 02 / 2014  
**Transaction ID : A2014-806607**

Amount of Each Receipt this Period  
23.26

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 202
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DENIS BAILEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8316 E. Tailfeather Dr  
City Scottsdale State AZ Zip Code 85255  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 16 / 2014  
**Transaction ID : A2014-1098783**  
Amount of Each Receipt this Period  
23.26

**B. DENIS BAILEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8316 E. Tailfeather Dr  
City Scottsdale State AZ Zip Code 85255  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 253.56

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 30 / 2014  
**Transaction ID : A2014-1132997**  
Amount of Each Receipt this Period  
23.26

**C. ALEXANDRA BALATSOUKAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1225 W. Morse Unit 508  
City Chicago State IL Zip Code 60626  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation Claims Senior Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 286.11

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 02 / 2014  
**Transaction ID : A2014-806788**  
Amount of Each Receipt this Period  
32.38

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.90  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. ALEXANDRA BALATSOUKAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1225 W. Morse Unit 508

City Chicago	State IL	Zip Code 60626
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FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **318.49**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : A2014-1098963**

Amount of Each Receipt this Period  

32.38
-------

**B. ALEXANDRA BALATSOUKAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1225 W. Morse Unit 508

City Chicago	State IL	Zip Code 60626
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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 ▼ **350.87**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A2014-1133176**

Amount of Each Receipt this Period  

32.38
-------

**C. WILLIAM P BALLINGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Blue Heron Way

City Skillman	State NJ	Zip Code 08558
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FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company	Occupation SVP-PC-Agency Contact Cen
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **306.76**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

**Transaction ID : A2014-806649**

Amount of Each Receipt this Period  

39.37
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>104.13</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 202
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. WILLIAM P BALLINGER</b>		Date of Receipt
Mailing Address 25 Blue Heron Way		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City Skillman State NJ Zip Code 08558		<b>Transaction ID : A2014-1098825</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Allstate Insurance Company Occupation SVP-PC-Agency Contact Cen		<input type="text" value="39.37"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="346.13"/>	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM P BALLINGER</b>		Date of Receipt
Mailing Address 25 Blue Heron Way		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Skillman State NJ Zip Code 08558		<b>Transaction ID : A2014-1133039</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Allstate Insurance Company Occupation SVP-PC-Agency Contact Cen		<input type="text" value="39.37"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="385.50"/>	

Full Name (Last, First, Middle Initial) <b>C. PHILLIP W BANET</b>		Date of Receipt
Mailing Address 4589 JADE LANE		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City HOFFMAN ESTATES State IL Zip Code 60192		<b>Transaction ID : A2014-806680</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Allstate Insurance Company Occupation Senior Actuary		<input type="text" value="42.21"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="374.36"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="120.95"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 12 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. PHILLIP W BANET</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>16</td> <td>/</td> <td>2014</td> </tr> </table> <b>Transaction ID : A2014-1098855</b>			M M M	/	D D D	/	Y Y Y Y Y	05	/	16	/	2014
M M M	/	D D D	/	Y Y Y Y Y											
05	/	16	/	2014											
Mailing Address 4589 JADE LANE			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">42.21</td> </tr> </table>			42.21									
42.21															
City HOFFMAN ESTATES	State IL	Zip Code 60192													
FEC ID number of contributing federal political committee. C															
Name of Employer Allstate Insurance Company		Occupation Senior Actuary													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5" style="text-align: right;">416.57</td> </tr> </table>			416.57										
416.57															

Full Name (Last, First, Middle Initial) <b>B. PHILLIP W BANET</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table> <b>Transaction ID : A2014-1133069</b>			M M M	/	D D D	/	Y Y Y Y Y	05	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y											
05	/	30	/	2014											
Mailing Address 4589 JADE LANE			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">42.21</td> </tr> </table>			42.21									
42.21															
City HOFFMAN ESTATES	State IL	Zip Code 60192													
FEC ID number of contributing federal political committee. C															
Name of Employer Allstate Insurance Company		Occupation Senior Actuary													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5" style="text-align: right;">458.78</td> </tr> </table>			458.78										
458.78															

Full Name (Last, First, Middle Initial) <b>C. ROBERT K BECKER</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>02</td> <td>/</td> <td>2014</td> </tr> </table> <b>Transaction ID : A2014-806619</b>			M M M	/	D D D	/	Y Y Y Y Y	05	/	02	/	2014
M M M	/	D D D	/	Y Y Y Y Y											
05	/	02	/	2014											
Mailing Address 5 Greensview Lane			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">30.33</td> </tr> </table>			30.33									
30.33															
City Scotch Plains	State NJ	Zip Code 07076													
FEC ID number of contributing federal political committee. C															
Name of Employer Allstate Insurance Company		Occupation SVP-SAL-Field Senior Vice													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5" style="text-align: right;">268.92</td> </tr> </table>			268.92										
268.92															

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td colspan="5" style="text-align: right;">114.75</td> </tr> </table>	114.75				
114.75						
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td colspan="5" style="text-align: right;"> </td> </tr> </table>					

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

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

FOR LINE NUMBER: PAGE 13 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 5 Greensview Lane

City State Zip Code  
 Scotch Plains NJ 07076

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 299.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098795**

Amount of Each Receipt this Period  
 30.33

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

Mailing Address 5 Greensview Lane

City State Zip Code  
 Scotch Plains NJ 07076

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 329.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133009**

Amount of Each Receipt this Period  
 30.33

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

Mailing Address 1402 N. Illinois Avenue

City State Zip Code  
 Arlington Heights IL 60004

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

Name of Employer Occupation  
 Allstate Insurance Company Accounting Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 203.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806710**

Amount of Each Receipt this Period  
 22.86

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 83.52

**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 14 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1402 N. Illinois Avenue

City State Zip Code  
 Arlington Heights IL 60004

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

Name of Employer Occupation  
 Allstate Insurance Company Accounting Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 226.57

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098885**

Amount of Each Receipt this Period  
 22.86

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

Mailing Address 1402 N. Illinois Avenue

City State Zip Code  
 Arlington Heights IL 60004

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

Name of Employer Occupation  
 Allstate Insurance Company Accounting Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.43

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133098**

Amount of Each Receipt this Period  
 22.86

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

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code  
 NAPERVILLE IL 60565

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

Name of Employer Occupation  
 Allstate Insurance Company AFT-Architect-Expert

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 330.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806751**

Amount of Each Receipt this Period  
 37.14

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 82.86

**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 15 OF 202  
(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. WALTER A BERKOWICZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 GATESHEAD DRIVE  
 City NAPERVILLE State IL Zip Code 60565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation AFT-Architect-Expert  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 367.31

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098926**  
 Amount of Each Receipt this Period  
 37.14

**B. WALTER A BERKOWICZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 GATESHEAD DRIVE  
 City NAPERVILLE State IL Zip Code 60565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation AFT-Architect-Expert  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 404.45

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133139**  
 Amount of Each Receipt this Period  
 37.14

**C. EDWARD A BIEMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 807 Greenwood Ave.  
 City GLENCOE State IL Zip Code 60022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-PRD-Product Line Mana  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 386.91

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806632**  
 Amount of Each Receipt this Period  
 43.52

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.80  
**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 16 OF 202  
(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. EDWARD A BIEMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 807 Greenwood Ave.  
 City State Zip Code  
 GLENCOE IL 60022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-PRD-Product Line Mana  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 430.43

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098808**  
 Amount of Each Receipt this Period  
 43.52

**B. EDWARD A BIEMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 807 Greenwood Ave.  
 City State Zip Code  
 GLENCOE IL 60022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-PRD-Product Line Mana  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 473.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133022**  
 Amount of Each Receipt this Period  
 43.52

**C. ROBERT W BIRMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7533 WHITLOCK PLACE  
 City State Zip Code  
 LINCOLN NE 68516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Operations Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 214.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133143**  
 Amount of Each Receipt this Period  
 19.86

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 106.90  
**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

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

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

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

Mailing Address 398 Brookmont Lane

City North Barrington      State IL      Zip Code 60010

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

Name of Employer Allstate Insurance Company      Occupation SVP-FSS-Investor Relation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **582.35**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**

**Transaction ID : A2014-806805**

Amount of Each Receipt this Period  
**41.33**

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

Mailing Address 11988 Crafton Hills Crt

City Yucaipa      State CA      Zip Code 92399

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

Name of Employer Allstate Insurance Company      Occupation Financial Sales Consultan

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **301.41**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**

**Transaction ID : A2014-806847**

Amount of Each Receipt this Period  
**33.49**

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

Mailing Address 11988 Crafton Hills Crt

City Yucaipa      State CA      Zip Code 92399

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

Name of Employer Allstate Insurance Company      Occupation Financial Sales Consultan

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **334.90**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A2014-1099021**

Amount of Each Receipt this Period  
**33.49**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **108.31**

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

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. DOUGLAS L BORG**  
 Mailing Address 11988 Crafton Hills Crt  
 City State Zip Code  
 Yucaipa CA 92399  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Financial Sales Consultan  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 368.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133234**  
 Amount of Each Receipt this Period  
 33.49

Full Name (Last, First, Middle Initial)  
**B. WILLIAM B BORST**  
 Mailing Address 827 N. HADDOW AVENUE  
 City State Zip Code  
 ARLINGTON HTS IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-EB-Head of Stratetic G  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806709**  
 Amount of Each Receipt this Period  
 31.66

Full Name (Last, First, Middle Initial)  
**C. WILLIAM B BORST**  
 Mailing Address 827 N. HADDOW AVENUE  
 City State Zip Code  
 ARLINGTON HTS IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-EB-Head of Stratetic G  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 312.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098884**  
 Amount of Each Receipt this Period  
 31.66

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 96.81  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 827 N. HADDOW AVENUE

City	State	Zip Code
ARLINGTON HTS	IL	60004

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

Name of Employer	Occupation
Allstate Insurance Company	VP-EB-Head of Stratetic G

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **344.07**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A2014-113097**

Amount of Each Receipt this Period  

31.66
-------

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

Mailing Address 6350 S Langdale Way

City	State	Zip Code
Aurora	CO	80016

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 ▼ **340.11**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

**Transaction ID : A2014-806834**

Amount of Each Receipt this Period  

38.33
-------

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

Mailing Address 6350 S Langdale Way

City	State	Zip Code
Aurora	CO	80016

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 ▼ **378.44**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : A2014-1099008**

Amount of Each Receipt this Period  

38.33
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>108.32</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. LONDON B BRADLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6350 S Langdale Way  
 City Aurora State CO Zip Code 80016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Regional Sales Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **416.77**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**  
**Transaction ID : A2014-1133221**  
 Amount of Each Receipt this Period  
**38.33**

**B. KENNETH A BRANCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28955 NIBLICK KNOLL CT.  
 City IVANHOE State IL Zip Code 60060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-AHA-Independent Channe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **207.94**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**  
**Transaction ID : A2014-806812**  
 Amount of Each Receipt this Period  
**23.34**

**C. KENNETH A BRANCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28955 NIBLICK KNOLL CT.  
 City IVANHOE State IL Zip Code 60060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-AHA-Independent Channe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **231.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**  
**Transaction ID : A2014-1098986**  
 Amount of Each Receipt this Period  
**23.34**

**SUBTOTAL** of Receipts This Page (optional)..... **85.01**  
**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 21 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. KENNETH A BRANCH**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Allstate Insurance Company VP-AHA-Independent Channe  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 254.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133199**  
 Amount of Each Receipt this Period  
 23.34

**B. DUDLEY R BRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18135 W MEANDER DR  
 City State Zip Code  
 GRAYSLAKE IL 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company PF-Fin Analysis-Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 211.54

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098819**  
 Amount of Each Receipt this Period  
 21.41

**C. DUDLEY R BRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18135 W MEANDER DR  
 City State Zip Code  
 GRAYSLAKE IL 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company PF-Fin Analysis-Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 232.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133033**  
 Amount of Each Receipt this Period  
 21.41

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 66.16  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 22 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
 Allstate Insurance Company VP-CLM-Claims Technical E  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 214.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133103**  
 Amount of Each Receipt this Period  
 53.59

Full Name (Last, First, Middle Initial)  
**B. LORRIE K BROUSE**  
 Mailing Address 223 POLK PLACE DRIVE  
 City State Zip Code  
 FRANKLIN TN 37064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806658**  
 Amount of Each Receipt this Period  
 40.80

Full Name (Last, First, Middle Initial)  
**C. LORRIE K BROUSE**  
 Mailing Address 223 POLK PLACE DRIVE  
 City State Zip Code  
 FRANKLIN TN 37064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 401.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098834**  
 Amount of Each Receipt this Period  
 40.80

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.19  
**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

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

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

Full Name (Last, First, Middle Initial)  
**A. LORRIE K BROUSE**

Mailing Address 223 POLK PLACE DRIVE

City State Zip Code  
 FRANKLIN TN 37064

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

Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 442.59

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133048**

Amount of Each Receipt this Period  
 40.80

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 208.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098956**

Amount of Each Receipt this Period  
 21.00

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 229.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133169**

Amount of Each Receipt this Period  
 21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 82.80

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 202
	<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. ANNE MARIE L BRUNNER**  
Full Name (Last, First, Middle Initial)

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 Corporate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.67

Date of Receipt  
05 / 02 / 2014  
**Transaction ID : A2014-806714**

Amount of Each Receipt this Period  
40.67

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

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 Corporate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 401.34

Date of Receipt  
05 / 16 / 2014  
**Transaction ID : A2014-1098889**

Amount of Each Receipt this Period  
40.67

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

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 Corporate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 442.01

Date of Receipt  
05 / 30 / 2014  
**Transaction ID : A2014-1133102**

Amount of Each Receipt this Period  
40.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 122.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 202
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. GREGORY C BURNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 N. BROADMOOR LANE  
 City VERNON HILLS State IL Zip Code 60061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-HR-Client Partnership  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 519.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806636**  
 Amount of Each Receipt this Period  
 58.85

**B. GREGORY C BURNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 N. BROADMOOR LANE  
 City VERNON HILLS State IL Zip Code 60061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-HR-Client Partnership  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 578.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-109812**  
 Amount of Each Receipt this Period  
 58.85

**C. GREGORY C BURNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 N. BROADMOOR LANE  
 City VERNON HILLS State IL Zip Code 60061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-HR-Client Partnership  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 636.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133026**  
 Amount of Each Receipt this Period  
 58.85

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	176.55
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 202
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. ALICE M BYRNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4121 109TH STREET  
 City PLEASANT PRAIRI State WI Zip Code 53158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 803.61

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806802**  
 Amount of Each Receipt this Period  
 90.29

**B. ALICE M BYRNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4121 109TH STREET  
 City PLEASANT PRAIRI State WI Zip Code 53158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 893.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098977**  
 Amount of Each Receipt this Period  
 90.29

**C. ALICE M BYRNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4121 109TH STREET  
 City PLEASANT PRAIRI State WI Zip Code 53158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 984.19

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133190**  
 Amount of Each Receipt this Period  
 90.29

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.87
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 27 OF 202  
(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. Alfredo M Cantoral**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 340 W Superior St  
 City Chicago State IL Zip Code 60654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806876**  
 Amount of Each Receipt this Period  
 26.48

**B. Alfredo M Cantoral**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 340 W Superior St  
 City Chicago State IL Zip Code 60654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 261.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099050**  
 Amount of Each Receipt this Period  
 26.48

**C. Alfredo M Cantoral**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 340 W Superior St  
 City Chicago State IL Zip Code 60654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 287.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133263**  
 Amount of Each Receipt this Period  
 26.48

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.44  
**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 28 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
 Allstate Insurance Company ATO-Communications-Sr Man

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098935**

Amount of Each Receipt this Period  
 24.48

Full Name (Last, First, Middle Initial)  
**B. 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 Occupation  
 Allstate Insurance Company ATO-Communications-Sr Man

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 232.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133148**

Amount of Each Receipt this Period  
 21.54

Full Name (Last, First, Middle Initial)  
**C. BRIAN L CLARK**

Mailing Address 257 Lake Circle

City State Zip Code  
 MADISON MS 39110

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

Name of Employer Occupation  
 Allstate Insurance Company Finance Senior Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 207.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133198**

Amount of Each Receipt this Period  
 19.05

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.07

**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 29 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2907 GLENARYE DR

City LINDENHURST State IL Zip Code 60046

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

Name of Employer Allstate Insurance Company Occupation Prod Ops State Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.06**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**

**Transaction ID : A2014-806765**

Amount of Each Receipt this Period  
**29.18**

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

Mailing Address 2907 GLENARYE DR

City LINDENHURST State IL Zip Code 60046

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

Name of Employer Allstate Insurance Company Occupation Prod Ops State Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **289.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A2014-1098940**

Amount of Each Receipt this Period  
**29.18**

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

Mailing Address 2907 GLENARYE DR

City LINDENHURST State IL Zip Code 60046

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

Name of Employer Allstate Insurance Company Occupation Prod Ops State Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **318.42**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A2014-1133153**

Amount of Each Receipt this Period  
**29.18**

**SUBTOTAL** of Receipts This Page (optional)..... **87.54**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 OF 202  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. CHRISTOPHER W CLAY**

Mailing Address 9832 Toscano Drive

City State Zip Code  
ELK GROVE CA 95757

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

Name of Employer Occupation  
Allstate Insurance Company Senior Attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**326.34**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**

**Transaction ID : A2014-806863**

Amount of Each Receipt this Period  
**36.88**

Full Name (Last, First, Middle Initial)  
**B. CHRISTOPHER W CLAY**

Mailing Address 9832 Toscano Drive

City State Zip Code  
ELK GROVE CA 95757

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

Name of Employer Occupation  
Allstate Insurance Company Senior Attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**363.22**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A2014-1099037**

Amount of Each Receipt this Period  
**36.88**

Full Name (Last, First, Middle Initial)  
**C. CHRISTOPHER W CLAY**

Mailing Address 9832 Toscano Drive

City State Zip Code  
ELK GROVE CA 95757

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

Name of Employer Occupation  
Allstate Insurance Company Senior Attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.10**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A2014-1133250**

Amount of Each Receipt this Period  
**36.88**

**SUBTOTAL** of Receipts This Page (optional)..... ► **110.64**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 202
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MARK P CLOGHESSY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4343 LAWN AVE

City WESTERN SPRINGS	State IL	Zip Code 60558
-------------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SMD-INV-International
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.60**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

**Transaction ID : A2014-806681**

Amount of Each Receipt this Period  

38.40
-------

**B. MARK P CLOGHESSY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4343 LAWN AVE

City WESTERN SPRINGS	State IL	Zip Code 60558
-------------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SMD-INV-International
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **397.16**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : A2014-1098856**

Amount of Each Receipt this Period  

51.56
-------

**C. DEBORAH L CLOUSER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4667 TAMWORTH DR

City PALM HARBOR	State FL	Zip Code 34685
---------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Marketing Regional Sr Mgr
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.15**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

**Transaction ID : A2014-806763**

Amount of Each Receipt this Period  

33.41
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>123.37</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 32 OF 202  
(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. DEBORAH L CLOUSER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4667 TAMWORTH DR  
 City State Zip Code  
 PALM HARBOR FL 34685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Marketing Regional Sr Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 328.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098938**  
 Amount of Each Receipt this Period  
 33.41

**B. DEBORAH L CLOUSER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4667 TAMWORTH DR  
 City State Zip Code  
 PALM HARBOR FL 34685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Marketing Regional Sr Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 361.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133151**  
 Amount of Each Receipt this Period  
 33.41

**C. LISA D COCHRANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 270 FAIRVIEW AVENUE  
 City State Zip Code  
 WINNETKA IL 60093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-MRK-Integrated Mrktnng  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 347.89

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806736**  
 Amount of Each Receipt this Period  
 39.13

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.95  
**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 33 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 270 FAIRVIEW AVENUE

City WINNETKA State IL Zip Code 60093

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

Name of Employer Allstate Insurance Company Occupation SVP-MRK-Integrated Mrktng

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **387.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A2014-1098911**

Amount of Each Receipt this Period  
**39.13**

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

Mailing Address 270 FAIRVIEW AVENUE

City WINNETKA State IL Zip Code 60093

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

Name of Employer Allstate Insurance Company Occupation SVP-MRK-Integrated Mrktng

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **426.15**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A2014-1133124**

Amount of Each Receipt this Period  
**39.13**

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

Mailing Address 21200 W. KEPWICK

City KILDEER State IL Zip Code 60047

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **319.45**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**

**Transaction ID : A2014-806739**

Amount of Each Receipt this Period  
**36.36**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>114.62</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 202  
(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. PATRICIA A COFFEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21200 W. KEPWICK  
 City State Zip Code  
 KILDEER IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ATO-Delivery & Risk M  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 355.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098914**  
 Amount of Each Receipt this Period  
 36.36

**B. PATRICIA A COFFEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21200 W. KEPWICK  
 City State Zip Code  
 KILDEER IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ATO-Delivery & Risk M  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 392.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133127**  
 Amount of Each Receipt this Period  
 36.36

**C. EDWARD T COLLINS**  
 Full Name (Last, First, Middle Initial)  
 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 VP-LGL-Public Policy Deve  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 460.49

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806707**  
 Amount of Each Receipt this Period  
 51.92

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 124.64  
**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 35 OF 202  
(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. EDWARD T COLLINS**  
 Full Name (Last, First, Middle Initial)  
 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 VP-LGL-Public Policy Deve  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 512.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098882**  
 Amount of Each Receipt this Period  
 51.92

**B. EDWARD T COLLINS**  
 Full Name (Last, First, Middle Initial)  
 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 VP-LGL-Public Policy Deve  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 564.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133095**  
 Amount of Each Receipt this Period  
 51.92

**C. LARRY K CONLEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 363 Kensington Ct.  
 City State Zip Code  
 Palatine IL 60067  
 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 ▼  
 209.83

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098902**  
 Amount of Each Receipt this Period  
 21.36

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.20  
**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 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 363 Kensington Ct.

City Palatine                      State IL                      Zip Code 60067

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

Name of Employer Allstate Insurance Company                      Occupation Senior Actuary

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **231.19**

Date of Receipt  
**05 / 30 / 2014**  
**Transaction ID : A2014-1133115**

Amount of Each Receipt this Period  
**21.36**

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

Mailing Address 28852 FOREST LAKE LANE

City GREEN OAKS                      State IL                      Zip Code 60048

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **599.13**

Date of Receipt  
**05 / 02 / 2014**  
**Transaction ID : A2014-806605**

Amount of Each Receipt this Period  
**69.36**

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

Mailing Address 28852 FOREST LAKE LANE

City GREEN OAKS                      State IL                      Zip Code 60048

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **668.49**

Date of Receipt  
**05 / 16 / 2014**  
**Transaction ID : A2014-1098781**

Amount of Each Receipt this Period  
**69.36**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **160.08**

**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 37 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. PETER T CORRIGAN**  
 Mailing Address 28852 FOREST LAKE LANE  
 City State Zip Code  
 GREEN OAKS IL 60048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ATO-Bus Prtn-Sales &  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 737.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1132995**  
 Amount of Each Receipt this Period  
 69.36

Full Name (Last, First, Middle Initial)  
**B. ERROL CRAMER**  
 Mailing Address 1111 SARANAC AVE.  
 City State Zip Code  
 NORTHBROOK IL 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-AF-Chief Actuary  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 209.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133129**  
 Amount of Each Receipt this Period  
 19.18

Full Name (Last, First, Middle Initial)  
**C. RICHARD C CRIST Jr.**  
 Mailing Address 252 Center Point Lane  
 City State Zip Code  
 Lansdale PA 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-SAL-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 678.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806641**  
 Amount of Each Receipt this Period  
 76.75

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 165.29  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 202
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. RICHARD C CRIST Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 252 Center Point Lane  
City Lansdale State PA Zip Code 19446  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 755.71

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2014  
**Transaction ID : A2014-1098817**  
Amount of Each Receipt this Period  
76.75

**B. RICHARD C CRIST Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 252 Center Point Lane  
City Lansdale State PA Zip Code 19446  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation SVP-SAL-Field Senior Vice  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 832.46

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2014  
**Transaction ID : A2014-1133031**  
Amount of Each Receipt this Period  
76.75

**C. ROBERT W DANIELS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1020 Pleasant Street #1  
City Oak Park State IL Zip Code 60302  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation Corp Rel Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 361.67

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2014  
**Transaction ID : A2014-806657**  
Amount of Each Receipt this Period  
40.58

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	194.08
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 39 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1020 Pleasant Street #1

City State Zip Code  
Oak Park IL 60302

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

Name of Employer Occupation  
Allstate Insurance Company Corp Rel Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
402.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098833**

Amount of Each Receipt this Period  
40.58

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

Mailing Address 1020 Pleasant Street #1

City State Zip Code  
Oak Park IL 60302

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

Name of Employer Occupation  
Allstate Insurance Company Corp Rel Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442.83

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133047**

Amount of Each Receipt this Period  
40.58

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

Mailing Address 2104 Butternut Ln

City State Zip Code  
NORTHBROOK IL 60062

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

Name of Employer Occupation  
Allstate Insurance Company Claims Senior Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133055**

Amount of Each Receipt this Period  
18.78

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 99.94

**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 40 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1954 Oakwood Dr

City State Zip Code  
 Arlington Heights IL 60004

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

Name of Employer Occupation  
 Allstate Insurance Company VP-AF-Contact Center Impl

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **402.93**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**

**Transaction ID : A2014-806708**

Amount of Each Receipt this Period  
**45.86**

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

Mailing Address 1954 Oakwood Dr

City State Zip Code  
 Arlington Heights IL 60004

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

Name of Employer Occupation  
 Allstate Insurance Company VP-AF-Contact Center Impl

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **448.79**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A2014-1098883**

Amount of Each Receipt this Period  
**45.86**

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

Mailing Address 1954 Oakwood Dr

City State Zip Code  
 Arlington Heights IL 60004

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

Name of Employer Occupation  
 Allstate Insurance Company VP-AF-Contact Center Impl

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **494.65**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A2014-1133096**

Amount of Each Receipt this Period  
**45.86**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **137.58**

**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 41 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. STEVEN J DEGNAN-SCHMIDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1320 MULBERRY LN.  
 City State Zip Code  
 CARY IL 60013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Mgmt Consulting-Direc  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 384.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806673**  
 Amount of Each Receipt this Period  
 43.18

**B. STEVEN J DEGNAN-SCHMIDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1320 MULBERRY LN.  
 City State Zip Code  
 CARY IL 60013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Mgmt Consulting-Direc  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 427.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098848**  
 Amount of Each Receipt this Period  
 43.18

**C. STEVEN J DEGNAN-SCHMIDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1320 MULBERRY LN.  
 City State Zip Code  
 CARY IL 60013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Mgmt Consulting-Direc  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 471.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133062**  
 Amount of Each Receipt this Period  
 43.18

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 129.54  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 202
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 453 PRAIRIE

City State Zip Code  
ELMHURST IL 60126

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

Name of Employer Occupation  
Allstate Insurance Company VP-PRD-Product Vice Presi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
509.71

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2014  
**Transaction ID : A2014-806776**

Amount of Each Receipt this Period  
57.20

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

Mailing Address 453 PRAIRIE

City State Zip Code  
ELMHURST IL 60126

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

Name of Employer Occupation  
Allstate Insurance Company VP-PRD-Product Vice Presi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
566.91

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2014  
**Transaction ID : A2014-1098951**

Amount of Each Receipt this Period  
57.20

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

Mailing Address 453 PRAIRIE

City State Zip Code  
ELMHURST IL 60126

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

Name of Employer Occupation  
Allstate Insurance Company VP-PRD-Product Vice Presi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
624.11

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2014  
**Transaction ID : A2014-1133164**

Amount of Each Receipt this Period  
57.20

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 171.60

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

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

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

FOR LINE NUMBER: PAGE 43 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 460 TOWER ROAD

City State Zip Code  
 BARRINGTON IL 60010

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

Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 204.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806758**

Amount of Each Receipt this Period  
 22.98

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

Mailing Address 460 TOWER ROAD

City State Zip Code  
 BARRINGTON IL 60010

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

Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 227.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098933**

Amount of Each Receipt this Period  
 22.98

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

Mailing Address 460 TOWER ROAD

City State Zip Code  
 BARRINGTON IL 60010

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

Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133146**

Amount of Each Receipt this Period  
 22.98

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 68.94

**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 44 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Kristine DiGirolamo**

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code  
 BARRINGTON HILLS IL 60102

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

Name of Employer Occupation  
 Allstate Insurance Company Compliance Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 213.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098978**

Amount of Each Receipt this Period  
 21.68

Full Name (Last, First, Middle Initial)  
**B. Kristine DiGirolamo**

Mailing Address 10123 NORTH RIVER ROAD

City State Zip Code  
 BARRINGTON HILLS IL 60102

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

Name of Employer Occupation  
 Allstate Insurance Company Compliance Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 235.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133191**

Amount of Each Receipt this Period  
 21.68

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

Mailing Address 421 Chapel Hill Lane

City State Zip Code  
 Northfield IL 60093

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 577.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806864**

Amount of Each Receipt this Period  
 65.52

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 108.88

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 202
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

**A. Victoria A Dinges**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 421 Chapel Hill Lane  
 City Northfield State IL Zip Code 60093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-CR-Ent. Social Resp.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 642.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099038**  
 Amount of Each Receipt this Period  
 65.52

**B. Victoria A Dinges**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 421 Chapel Hill Lane  
 City Northfield State IL Zip Code 60093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-CR-Ent. Social Resp.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 708.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133251**  
 Amount of Each Receipt this Period  
 65.52

**C. SARAH R DONAHUE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4147 RFD  
 City LONG GROVE State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-AF-Program Mgmt Office  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806759**  
 Amount of Each Receipt this Period  
 61.47

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	192.51
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 46 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 4147 RFD

City State Zip Code  
LONG GROVE IL 60047

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

Name of Employer Occupation  
Allstate Insurance Company VP-AF-Program Mgmt Office

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
611.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098934**

Amount of Each Receipt this Period  
61.47

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

Mailing Address 4147 RFD

City State Zip Code  
LONG GROVE IL 60047

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

Name of Employer Occupation  
Allstate Insurance Company VP-AF-Program Mgmt Office

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
673.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133147**

Amount of Each Receipt this Period  
61.47

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

Mailing Address 3806 W. Devon Ave

City State Zip Code  
Lincolnwood IL 60712

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

Name of Employer Occupation  
Allstate Insurance Company Senior Actuary

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098999**

Amount of Each Receipt this Period  
21.72

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 144.66

**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 47 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 3806 W. Devon Ave

City State Zip Code  
 Lincolnwood IL 60712

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

Name of Employer Occupation  
 Allstate Insurance Company Senior Actuary

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 237.03

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : A2014-1133212**

Amount of Each Receipt this Period  
 21.72

Full Name (Last, First, Middle Initial)  
**B. 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 Occupation  
 Allstate Insurance Company Marketing Senior Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 288.90

Date of Receipt  
 05 / 02 / 2014  
**Transaction ID : A2014-806694**

Amount of Each Receipt this Period  
 32.73

Full Name (Last, First, Middle Initial)  
**C. 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 Occupation  
 Allstate Insurance Company Marketing Senior Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 321.63

Date of Receipt  
 05 / 16 / 2014  
**Transaction ID : A2014-1098869**

Amount of Each Receipt this Period  
 32.73

**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: (check only one)	PAGE 48 OF 202
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. PATRICIA B DREXLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 472 W. SYCAMORE ST.  
 City State Zip Code  
 VERNON HILLS IL 60061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Marketing Senior Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 354.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133082**  
 Amount of Each Receipt this Period  
 32.73

**B. DONALD L DUFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Washington Ct..  
 City State Zip Code  
 STREAMWOOD IL 60107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company AB2B ABI-Product Line-Dir  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 302.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806692**  
 Amount of Each Receipt this Period  
 34.63

**C. DONALD L DUFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Washington Ct..  
 City State Zip Code  
 STREAMWOOD IL 60107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company AB2B ABI-Product Line-Dir  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 337.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098867**  
 Amount of Each Receipt this Period  
 34.63

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	101.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. DONALD L DUFF**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 Washington Ct..  
City STREAMWOOD State IL Zip Code 60107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation AB2B ABI-Product Line-Dir  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 372.11

Date of Receipt 05 / 30 / 2014  
**Transaction ID : A2014-1133080**  
Amount of Each Receipt this Period 34.63

**B. MICHAEL S DUNN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18202 HARNISH RD.  
City ROSCOE State IL Zip Code 61073  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation Staff Claims Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 258.71

Date of Receipt 05 / 02 / 2014  
**Transaction ID : A2014-806746**  
Amount of Each Receipt this Period 29.17

**C. MICHAEL S DUNN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18202 HARNISH RD.  
City ROSCOE State IL Zip Code 61073  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Allstate Insurance Company Occupation Staff Claims Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 287.88

Date of Receipt 05 / 16 / 2014  
**Transaction ID : A2014-1098921**  
Amount of Each Receipt this Period 29.17

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 92.97  
**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 50 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MICHAEL S DUNN**  
 Mailing Address 18202 HARNISH RD.  
 City State Zip Code  
 ROSCOE IL 61073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Staff Claims Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 317.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133134**  
 Amount of Each Receipt this Period  
 29.17

Full Name (Last, First, Middle Initial)  
**B. LAURA DUNNE**  
 Mailing Address 1860 Admiral Court  
 City State Zip Code  
 GLENVIEW IL 60026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-ENC-Strategy & Project  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 232.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806747**  
 Amount of Each Receipt this Period  
 26.31

Full Name (Last, First, Middle Initial)  
**C. LAURA DUNNE**  
 Mailing Address 1860 Admiral Court  
 City State Zip Code  
 GLENVIEW IL 60026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-ENC-Strategy & Project  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 258.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098922**  
 Amount of Each Receipt this Period  
 26.31

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.79  
**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 51 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. LAURA DUNNE**

Mailing Address 1860 Admiral Court

City State Zip Code  
GLENVIEW IL 60026

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

Name of Employer Occupation  
Allstate Insurance Company VP-ENC-Strategy & Project

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
284.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133135**

Amount of Each Receipt this Period  
26.31

Full Name (Last, First, Middle Initial)  
**B. DOUGLAS P DUPONT**

Mailing Address 12 ESSEX LANE

City State Zip Code  
LINCOLNSHIRE IL 60069

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

Name of Employer Occupation  
Allstate Insurance Company MD-INV-Portfolio Manageme

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
264.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806797**

Amount of Each Receipt this Period  
29.38

Full Name (Last, First, Middle Initial)  
**C. DOUGLAS P DUPONT**

Mailing Address 12 ESSEX LANE

City State Zip Code  
LINCOLNSHIRE IL 60069

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

Name of Employer Occupation  
Allstate Insurance Company MD-INV-Portfolio Manageme

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
293.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098972**

Amount of Each Receipt this Period  
29.38

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.07

**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 52 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. DOUGLAS P DUPONT**

Mailing Address 12 ESSEX LANE

City State Zip Code  
 LINCOLNSHIRE IL 60069

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

Name of Employer Occupation  
 Allstate Insurance Company MD-INV-Portfolio Manageme

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 323.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133185**

Amount of Each Receipt this Period  
 29.38

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

Mailing Address 1541 West Wolfram Street

City State Zip Code  
 Chicago IL 60657

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 746.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806877**

Amount of Each Receipt this Period  
 82.99

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

Mailing Address 1541 West Wolfram Street

City State Zip Code  
 Chicago IL 60657

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 829.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099051**

Amount of Each Receipt this Period  
 82.99

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 195.36

**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 53 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1541 West Wolfram Street

City State Zip Code  
 Chicago IL 60657

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 912.89

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : A2014-1133264**

Amount of Each Receipt this Period  
 82.99

Full Name (Last, First, Middle Initial)  
**B. ROBERT N EMMICH**

Mailing Address 108 SADDLE CREEK COVE

City State Zip Code  
 CANTON MS 39046

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 ▼  
 206.78

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : A2014-1133242**

Amount of Each Receipt this Period  
 18.95

Full Name (Last, First, Middle Initial)  
**C. 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 Occupation  
 Allstate Insurance Company VP-FSS-Accounting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.69

Date of Receipt  
 05 / 02 / 2014  
**Transaction ID : A2014-806768**

Amount of Each Receipt this Period  
 53.85

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 155.79

**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 54 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. KATHLEEN N ENRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10323 TRUMBULL AVE  
 City CHICAGO State IL Zip Code 60655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-FSS-Accounting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 534.54

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098943**  
 Amount of Each Receipt this Period  
 53.85

**B. KATHLEEN N ENRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10323 TRUMBULL AVE  
 City CHICAGO State IL Zip Code 60655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-FSS-Accounting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133156**  
 Amount of Each Receipt this Period  
 53.85

**C. MICHAEL L ESCOBAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 660 BALMORAL LANE  
 City INVERNESS State IL Zip Code 60067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-HR-Diversity & Org. Ef  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 524.43

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806608**  
 Amount of Each Receipt this Period  
 58.85

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 166.55  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 202
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 660 BALMORAL LANE

City INVERNESS State IL Zip Code 60067

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **583.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A2014-1098784**

Amount of Each Receipt this Period  
**58.85**

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

Mailing Address 660 BALMORAL LANE

City INVERNESS State IL Zip Code 60067

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **642.13**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A2014-1132998**

Amount of Each Receipt this Period  
**58.85**

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

Mailing Address 918 JUNIPER ROAD

City GLENVIEW State IL Zip Code 60025

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

Name of Employer Allstate Insurance Company Occupation Ethics Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **286.65**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**

**Transaction ID : A2014-806791**

Amount of Each Receipt this Period  
**32.32**

**SUBTOTAL** of Receipts This Page (optional)..... ► **150.02**

**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 56 OF 202  
(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. CAROLYN A FILIPOVIC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 918 JUNIPER ROAD

City GLENVIEW	State IL	Zip Code 60025
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Ethics Director
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **318.97**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : A2014-1098966**

Amount of Each Receipt this Period  

32.32
-------

**B. CAROLYN A FILIPOVIC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 918 JUNIPER ROAD

City GLENVIEW	State IL	Zip Code 60025
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Ethics Director
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.29**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A2014-1133179**

Amount of Each Receipt this Period  

32.32
-------

**C. STEVEN FINE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 40375 N. SEA EAGLE CT

City ANTIOCH	State IL	Zip Code 60002
-----------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Sales Director
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **253.62**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

**Transaction ID : A2014-806634**

Amount of Each Receipt this Period  

28.46
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<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>93.10</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 57 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code  
 ANTIOCH IL 60002

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

Name of Employer Occupation  
 Allstate Insurance Company Sales Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 282.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098810**

Amount of Each Receipt this Period  
 28.46

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
 310.54

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133024**

Amount of Each Receipt this Period  
 28.46

Full Name (Last, First, Middle Initial)  
**C. 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 VP-AF-Customer Strategy

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 359.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806799**

Amount of Each Receipt this Period  
 40.39

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 97.31

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

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

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

FOR LINE NUMBER: PAGE 58 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 VP-AF-Customer Strategy

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098974**

Amount of Each Receipt this Period  
 40.39

Full Name (Last, First, Middle Initial)  
**B. 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 VP-AF-Customer Strategy

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 440.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133187**

Amount of Each Receipt this Period  
 40.39

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

Mailing Address 1280 WILD ROSE LANE

City State Zip Code  
 LAKE FOREST IL 60045

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 482.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806827**

Amount of Each Receipt this Period  
 54.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **135.11**

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

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

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

FOR LINE NUMBER: PAGE 59 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. ANGELA K FONTANA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1280 WILD ROSE LANE  
 City State Zip Code  
 LAKE FOREST IL 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-LGL-Allstate Financial  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 536.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099001**  
 Amount of Each Receipt this Period  
 54.33

**B. ANGELA K FONTANA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1280 WILD ROSE LANE  
 City State Zip Code  
 LAKE FOREST IL 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-LGL-Allstate Financial  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 590.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133214**  
 Amount of Each Receipt this Period  
 54.33

**C. SARA A FOSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2216 BARRETT DR  
 City State Zip Code  
 ALGONQUIN IL 60102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Six Sigma-Expert  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 310.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806726**  
 Amount of Each Receipt this Period  
 35.54

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 144.20  
**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 60 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. SARA A FOSTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2216 BARRETT DR

City ALGONQUIN State IL Zip Code 60102

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

Name of Employer Allstate Insurance Company Occupation ATO-Six Sigma-Expert

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.35**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A2014-1098901**

Amount of Each Receipt this Period  
**35.54**

**B. SARA A FOSTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2216 BARRETT DR

City ALGONQUIN State IL Zip Code 60102

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

Name of Employer Allstate Insurance Company Occupation ATO-Six Sigma-Expert

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **381.89**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A2014-1133114**

Amount of Each Receipt this Period  
**35.54**

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

Mailing Address 29 Tullach Place

City Stonebrae State CA Zip Code 94542

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

Name of Employer Allstate Insurance Company Occupation Sales Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.25**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**

**Transaction ID : A2014-806642**

Amount of Each Receipt this Period  
**43.28**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>114.36</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 61 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 29 Tullach Place

City State Zip Code  
 Stonebrae CA 94542

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

Name of Employer Occupation  
 Allstate Insurance Company Sales Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 423.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098818**

Amount of Each Receipt this Period  
 43.28

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

Mailing Address 29 Tullach Place

City State Zip Code  
 Stonebrae CA 94542

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

Name of Employer Occupation  
 Allstate Insurance Company Sales Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 466.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133032**

Amount of Each Receipt this Period  
 43.28

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

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code  
 DIX HILLS NY 11746

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 254.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806606**

Amount of Each Receipt this Period  
 28.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **115.06**

**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 62 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code  
 DIX HILLS NY 11746

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 282.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098782**

Amount of Each Receipt this Period  
 28.50

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

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code  
 DIX HILLS NY 11746

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 311.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1132996**

Amount of Each Receipt this Period  
 28.50

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

Mailing Address 1129 N Mitchell Ave

City State Zip Code  
 Arlington Heights IL 60004

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

Name of Employer Occupation  
 Allstate Insurance Company Finance Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 359.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806731**

Amount of Each Receipt this Period  
 40.77

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 97.77

**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: (check only one)	PAGE 63 OF 202
	<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. NICK GEORGAKOPOULOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1129 N Mitchell Ave  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Finance Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 399.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098906**  
 Amount of Each Receipt this Period  
 40.77

**B. NICK GEORGAKOPOULOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1129 N Mitchell Ave  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Finance Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 440.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133119**  
 Amount of Each Receipt this Period  
 40.77

**C. MARIBEL V GERSTNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2754 CHARLIE CT.  
 City State Zip Code  
 GLENVIEW IL 60026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-AF-Pres & Chief Operat  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 453.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806704**  
 Amount of Each Receipt this Period  
 50.99

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	132.53
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 64 OF 202  
(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. MARIBEL V GERSTNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2754 CHARLIE CT.  
 City GLENVIEW State IL Zip Code 60026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-AF-Pres & Chief Operat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.19

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098879**  
 Amount of Each Receipt this Period  
 50.99

**B. MARIBEL V GERSTNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2754 CHARLIE CT.  
 City GLENVIEW State IL Zip Code 60026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-AF-Pres & Chief Operat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 555.18

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133092**  
 Amount of Each Receipt this Period  
 50.99

**C. BONNIE S GILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1570 EDGEFIELD LANE  
 City HOFFMAN ESTATES State IL Zip Code 60169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-PRD-Product Vice Presi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 302.54

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806829**  
 Amount of Each Receipt this Period  
 34.03

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 136.01  
**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 65 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1570 EDGEFIELD LANE

City State Zip Code  
 HOFFMAN ESTATES IL 60169

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

Name of Employer Occupation  
 Allstate Insurance Company VP-PRD-Product Vice Presi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 336.57

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099003**

Amount of Each Receipt this Period  
 34.03

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

Mailing Address 1570 EDGEFIELD LANE

City State Zip Code  
 HOFFMAN ESTATES IL 60169

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

Name of Employer Occupation  
 Allstate Insurance Company VP-PRD-Product Vice Presi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 370.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133216**

Amount of Each Receipt this Period  
 34.03

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

Mailing Address 656 S BUCKINGHAM CT

City State Zip Code  
 LAKE FOREST IL 60045

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

Name of Employer Occupation  
 Allstate Insurance Company Director Litigation Servi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 409.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806609**

Amount of Each Receipt this Period  
 46.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.14

**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 66 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 656 S BUCKINGHAM CT

City State Zip Code  
 LAKE FOREST IL 60045

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

Name of Employer Occupation  
 Allstate Insurance Company Director Litigation Servi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 455.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098785**

Amount of Each Receipt this Period  
 46.08

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

Mailing Address 656 S BUCKINGHAM CT

City State Zip Code  
 LAKE FOREST IL 60045

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

Name of Employer Occupation  
 Allstate Insurance Company Director Litigation Servi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 502.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1132999**

Amount of Each Receipt this Period  
 46.08

Full Name (Last, First, Middle Initial)  
**C. WILLIAM T GOFF**

Mailing Address 310 Plantation Way

City State Zip Code  
 Roswell GA 30075

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 205.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806610**

Amount of Each Receipt this Period  
 23.02

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.18

**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 67 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 310 Plantation Way

City Roswell State GA Zip Code 30075

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.17**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**  
**Transaction ID : A2014-1098786**

Amount of Each Receipt this Period  
**23.02**

Full Name (Last, First, Middle Initial)  
**B. WILLIAM T GOFF**

Mailing Address 310 Plantation Way

City Roswell State GA Zip Code 30075

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **251.19**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**  
**Transaction ID : A2014-1133000**

Amount of Each Receipt this Period  
**23.02**

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

Mailing Address 10 MULBERRY LN

City HAWTHORN WOODS State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.71**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**  
**Transaction ID : A2014-1098874**

Amount of Each Receipt this Period  
**22.27**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **68.31**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 202
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BRUCE R GOLDBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 MULBERRY LN  
 City HAWTHORN WOODS State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133087**  
 Amount of Each Receipt this Period  
 22.27

**B. ANN A GOULD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4071 NEWPORT LANE  
 City ARLINGTON HTS State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Senior Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.93

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806852**  
 Amount of Each Receipt this Period  
 36.57

**C. ANN A GOULD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4071 NEWPORT LANE  
 City ARLINGTON HTS State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Senior Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 362.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099026**  
 Amount of Each Receipt this Period  
 36.57

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 69 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. ANN A GOULD**  
 Mailing Address 4071 NEWPORT LANE  
 City State Zip Code  
 ARLINGTON HTS IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Senior Attorney  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 399.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133239**  
 Amount of Each Receipt this Period  
 36.57

Full Name (Last, First, Middle Initial)  
**B. GEORGE F GRAWE**  
 Mailing Address 801 N. Vail Avenue  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-LGL-Staff & Retained C  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 472.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806668**  
 Amount of Each Receipt this Period  
 53.80

Full Name (Last, First, Middle Initial)  
**C. GEORGE F GRAWE**  
 Mailing Address 801 N. Vail Avenue  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-LGL-Staff & Retained C  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 526.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098843**  
 Amount of Each Receipt this Period  
 53.80

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 144.17  
**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 70 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. GEORGE F GRAWE**  
 Mailing Address 801 N. Vail Avenue  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-LGL-Staff & Retained C  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 580.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133057**  
 Amount of Each Receipt this Period  
 53.80

Full Name (Last, First, Middle Initial)  
**B. KELLIE H GREEN**  
 Mailing Address 150 Meadowlark Circle  
 City State Zip Code  
 Lindenhurst IL 60046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company CE-Director Agency Suppor  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133044**  
 Amount of Each Receipt this Period  
 19.95

Full Name (Last, First, Middle Initial)  
**c. Mark A Green**  
 Mailing Address 1711 Wildwood Ct  
 City State Zip Code  
 Glenview IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-EB-President Ivantage  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 544.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806870**  
 Amount of Each Receipt this Period  
 62.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.75  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 71 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mark A Green**

Mailing Address 1711 Wildwood Ct

City State Zip Code  
 Glenview IL 60025

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-EB-President Ivantage

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 606.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099044**

Amount of Each Receipt this Period  
 62.00

Full Name (Last, First, Middle Initial)  
**B. Mark A Green**

Mailing Address 1711 Wildwood Ct

City State Zip Code  
 Glenview IL 60025

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-EB-President Ivantage

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 668.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133257**

Amount of Each Receipt this Period  
 62.00

Full Name (Last, First, Middle Initial)  
**C. 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 Occupation  
 Allstate Insurance Company EVP-INV-Chief Investment

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 680.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806677**

Amount of Each Receipt this Period  
 77.31

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 201.31

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 202
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

City OAK PARK	State IL	Zip Code 60302
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation EVP-INV-Chief Investment
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
757.53

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : A2014-1098852**

Amount of Each Receipt this Period  
77.31

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

City OAK PARK	State IL	Zip Code 60302
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation EVP-INV-Chief Investment
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
834.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A2014-1133066**

Amount of Each Receipt this Period  
77.31

**C. M'BA G GREGOIRE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 Linden Road

City Lake Zurich	State IL	Zip Code 60047
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A2014-1133241**

Amount of Each Receipt this Period  
19.39

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	174.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. MARYLIN H GROOM**  
Full Name (Last, First, Middle Initial)

Mailing Address 170 ASPINWALL STREET

City WESTBURY	State NY	Zip Code 11590
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **203.13**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A2014-1133011**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											15.68

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

Mailing Address 6130 St. Andrews Ct.

City Ponte Vedra Beach	State FL	Zip Code 32082
---------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **297.45**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

**Transaction ID : A2014-806790**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											33.70

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

Mailing Address 6130 St. Andrews Ct.

City Ponte Vedra Beach	State FL	Zip Code 32082
---------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **331.15**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : A2014-1098965**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											33.70

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>83.08</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. GREGORY J GUIDOS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6130 St. Andrews Ct.  
City State Zip Code  
Ponte Vedra Beach FL 32082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Allstate Insurance Company SVP-AF-President Allstate  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**364.85**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**  
**Transaction ID : A2014-1133178**  
Amount of Each Receipt this Period  
**33.70**

**B. Sanjay Gupta**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1971 Farnsworth Ln  
City State Zip Code  
Northbrook IL 60062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Allstate Insurance Company EVP-Mktg Innovation & Co  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**569.07**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**  
**Transaction ID : A2014-806887**  
Amount of Each Receipt this Period  
**64.15**

**C. Sanjay Gupta**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1971 Farnsworth Ln  
City State Zip Code  
Northbrook IL 60062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Allstate Insurance Company EVP-Mktg Innovation & Co  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**633.22**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**  
**Transaction ID : A2014-1099061**  
Amount of Each Receipt this Period  
**64.15**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>162.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 75 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Sanjay Gupta**  
 Mailing Address 1971 Farnsworth Ln  
 City State Zip Code  
 Northbrook IL 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-Mktg Innovation & Co  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 697.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133274**  
 Amount of Each Receipt this Period  
 64.15

Full Name (Last, First, Middle Initial)  
**B. 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 Occupation  
 Allstate Insurance Company Claim Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 370.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806835**  
 Amount of Each Receipt this Period  
 41.78

Full Name (Last, First, Middle Initial)  
**C. 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 Occupation  
 Allstate Insurance Company Claim Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 412.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099009**  
 Amount of Each Receipt this Period  
 41.78

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 147.71  
**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 76 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. RANDALL M HANSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 840 ALLEGHANY

City GRAYSLAKE	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Claim Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 454.09	

Date of Receipt  
05 / 30 / 2014  
**Transaction ID : A2014-1133222**

Amount of Each Receipt this Period  
41.78

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

City Lincolnshire	State IL	Zip Code 60069
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-FSS-Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.98	

Date of Receipt  
05 / 02 / 2014  
**Transaction ID : A2014-806872**

Amount of Each Receipt this Period  
67.20

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

City Lincolnshire	State IL	Zip Code 60069
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-FSS-Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 663.18	

Date of Receipt  
05 / 16 / 2014  
**Transaction ID : A2014-1099046**

Amount of Each Receipt this Period  
67.20

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	176.18
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. David S Harper**  
Full Name (Last, First, Middle Initial)

Mailing Address 41 Lancaster Lane

City Lincolnshire State IL Zip Code 60069

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **730.38**

Date of Receipt **05 / 30 / 2014**

**Transaction ID : A2014-1133259**

Amount of Each Receipt this Period **67.20**

**B. Cheryl A Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 4136 Three Lakes Drive

City Long Grove State IL Zip Code 60047

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **574.29**

Date of Receipt **05 / 02 / 2014**

**Transaction ID : A2014-806883**

Amount of Each Receipt this Period **64.62**

**C. Cheryl A Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 4136 Three Lakes Drive

City Long Grove State IL Zip Code 60047

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **638.91**

Date of Receipt **05 / 16 / 2014**

**Transaction ID : A2014-1099057**

Amount of Each Receipt this Period **64.62**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>196.44</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 78 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Cheryl A Harris**

Mailing Address 4136 Three Lakes Drive

City State Zip Code  
 Long Grove IL 60047

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 703.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133270**

Amount of Each Receipt this Period  
 64.62

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

Mailing Address 25 Players Club Villas Rd

City State Zip Code  
 Ponte Vedra FL 32082

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

Name of Employer Occupation  
 Allstate Insurance Company VP-AF-Ops & Technology AI

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 302.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806674**

Amount of Each Receipt this Period  
 39.42

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

Mailing Address 25 Players Club Villas Rd

City State Zip Code  
 Ponte Vedra FL 32082

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

Name of Employer Occupation  
 Allstate Insurance Company VP-AF-Ops & Technology AI

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 341.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098849**

Amount of Each Receipt this Period  
 39.42

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 143.46

**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 79 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. KEITH A HAUSCHILDT**  
 Mailing Address 25 Players Club Villas Rd  
 City State Zip Code  
 Ponte Vedra FL 32082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-AF-Ops & Technology AI  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 381.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133063**  
 Amount of Each Receipt this Period  
 39.42

Full Name (Last, First, Middle Initial)  
**B. Troy M Hawkes**  
 Mailing Address 2557 Kane Lane  
 City State Zip Code  
 Batavia IL 60510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-SAL-Field Vice Preside  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806888**  
 Amount of Each Receipt this Period  
 46.15

Full Name (Last, First, Middle Initial)  
**C. Troy M Hawkes**  
 Mailing Address 2557 Kane Lane  
 City State Zip Code  
 Batavia IL 60510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-SAL-Field Vice Preside  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 276.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099062**  
 Amount of Each Receipt this Period  
 46.15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 131.72  
**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 80 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Troy M Hawkes**

Mailing Address 2557 Kane Lane

City State Zip Code  
 Batavia IL 60510

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **323.05**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A2014-1133275**

Amount of Each Receipt this Period  
**46.15**

Full Name (Last, First, Middle Initial)  
**B. Barbara A Higgins**

Mailing Address 2107 N Lakewood Ave

City State Zip Code  
 Chicago IL 60614

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-PC-Customer Retention

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.46**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**

**Transaction ID : A2014-806884**

Amount of Each Receipt this Period  
**37.85**

Full Name (Last, First, Middle Initial)  
**C. Barbara A Higgins**

Mailing Address 2107 N Lakewood Ave

City State Zip Code  
 Chicago IL 60614

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-PC-Customer Retention

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.31**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A2014-1099058**

Amount of Each Receipt this Period  
**37.85**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **121.85**

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

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

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

FOR LINE NUMBER: PAGE 81 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Barbara A Higgins**

Mailing Address 2107 N Lakewood Ave

City State Zip Code  
 Chicago IL 60614

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-PC-Customer Retention

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 412.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133271**

Amount of Each Receipt this Period  
 37.85

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

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code  
 LINDENHURST IL 60046

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1219.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806655**

Amount of Each Receipt this Period  
 137.69

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

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code  
 LINDENHURST IL 60046

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1357.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098831**

Amount of Each Receipt this Period  
 137.69

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 313.23

**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 82 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. WILLIAM G HILL**  
 Mailing Address 2935 GLENARYE DRIVE  
 City State Zip Code  
 LINDENHURST IL 60046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-PRD-Regional Product  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1495.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133045**  
 Amount of Each Receipt this Period  
 137.69

Full Name (Last, First, Middle Initial)  
**B. MARY L HUBER**  
 Mailing Address 1532 NORTH BELMONT AVE.  
 City State Zip Code  
 ARLINGTON HTS. IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company HR-Communications-Directo  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 208.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098982**  
 Amount of Each Receipt this Period  
 20.90

Full Name (Last, First, Middle Initial)  
**C. MARY L HUBER**  
 Mailing Address 1532 NORTH BELMONT AVE.  
 City State Zip Code  
 ARLINGTON HTS. IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company HR-Communications-Directo  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 228.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133195**  
 Amount of Each Receipt this Period  
 20.90

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 179.49  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 83 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MICHAEL S HURLEY**

Mailing Address 1225 N. BURGANDY TRAIL

City JACKSONVILLE      State FL      Zip Code 32259

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

Name of Employer Allstate Insurance Company      Occupation Field Administration Dire

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.43**

Date of Receipt  
**05 / 02 / 2014**  
**Transaction ID : A2014-806645**

Amount of Each Receipt this Period  
**22.79**

Full Name (Last, First, Middle Initial)  
**B. MICHAEL S HURLEY**

Mailing Address 1225 N. BURGANDY TRAIL

City JACKSONVILLE      State FL      Zip Code 32259

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

Name of Employer Allstate Insurance Company      Occupation Field Administration Dire

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **223.22**

Date of Receipt  
**05 / 16 / 2014**  
**Transaction ID : A2014-109821**

Amount of Each Receipt this Period  
**22.79**

Full Name (Last, First, Middle Initial)  
**C. MICHAEL S HURLEY**

Mailing Address 1225 N. BURGANDY TRAIL

City JACKSONVILLE      State FL      Zip Code 32259

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

Name of Employer Allstate Insurance Company      Occupation Field Administration Dire

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **246.01**

Date of Receipt  
**05 / 30 / 2014**  
**Transaction ID : A2014-1133035**

Amount of Each Receipt this Period  
**22.79**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **68.37**

**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 84 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code  
KILDEER IL 60047

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **399.75**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**

**Transaction ID : A2014-806732**

Amount of Each Receipt this Period  
**57.51**

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

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code  
KILDEER IL 60047

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **457.26**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A2014-1098907**

Amount of Each Receipt this Period  
**57.51**

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

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code  
KILDEER IL 60047

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **514.77**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A2014-1133120**

Amount of Each Receipt this Period  
**57.51**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **172.53**

**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 85 OF 202  
(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. MARIANO A IMBARRATO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10825 CHUCER DRIVE  
 City State Zip Code  
 WILLOW SPRINGS IL 60480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Vice PresidentCapital PI  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 437.54

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806720**  
 Amount of Each Receipt this Period  
 49.80

**B. MARIANO A IMBARRATO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10825 CHUCER DRIVE  
 City State Zip Code  
 WILLOW SPRINGS IL 60480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Vice PresidentCapital PI  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 487.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098895**  
 Amount of Each Receipt this Period  
 49.80

**C. MARIANO A IMBARRATO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10825 CHUCER DRIVE  
 City State Zip Code  
 WILLOW SPRINGS IL 60480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Vice PresidentCapital PI  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 537.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133108**  
 Amount of Each Receipt this Period  
 49.80

**SUBTOTAL** of Receipts This Page (optional)..... ► 149.40  
**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 86 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code  
 CARY IL 60013

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

Name of Employer Occupation  
 Allstate Insurance Company Product Operations Senior

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 289.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : A2014-806711**

Amount of Each Receipt this Period  
 32.30

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

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code  
 CARY IL 60013

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

Name of Employer Occupation  
 Allstate Insurance Company Product Operations Senior

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 321.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : A2014-1098886**

Amount of Each Receipt this Period  
 32.30

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

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code  
 CARY IL 60013

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

Name of Employer Occupation  
 Allstate Insurance Company Product Operations Senior

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 353.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : A2014-1133099**

Amount of Each Receipt this Period  
 32.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 96.90

**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 87 OF 202
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. BOB A JACKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 226 Maison Court  
 City Altamonte Springs State FL Zip Code 32714  
 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 ▼ 211.50

Date of Receipt  
 05 / 02 / 2014  
**Transaction ID : A2014-806839**  
 Amount of Each Receipt this Period  
 23.85

**B. BOB A JACKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 226 Maison Court  
 City Altamonte Springs State FL Zip Code 32714  
 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 ▼ 235.35

Date of Receipt  
 05 / 16 / 2014  
**Transaction ID : A2014-1099013**  
 Amount of Each Receipt this Period  
 23.85

**C. BOB A JACKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 226 Maison Court  
 City Altamonte Springs State FL Zip Code 32714  
 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 ▼ 259.20

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : A2014-1133226**  
 Amount of Each Receipt this Period  
 23.85

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	71.55
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

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

**A. JAMES C JAMIESON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24160 North Beach Dr  
 City Cary State IL Zip Code 60013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SPS-Strategic Alliance-Di  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **363.87**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806695**  
 Amount of Each Receipt this Period  
**40.94**

**B. JAMES C JAMIESON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24160 North Beach Dr  
 City Cary State IL Zip Code 60013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SPS-Strategic Alliance-Di  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **404.81**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098870**  
 Amount of Each Receipt this Period  
**40.94**

**C. JAMES C JAMIESON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24160 North Beach Dr  
 City Cary State IL Zip Code 60013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SPS-Strategic Alliance-Di  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **445.75**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133083**  
 Amount of Each Receipt this Period  
**40.94**

**SUBTOTAL** of Receipts This Page (optional)..... ► **122.82**  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 89 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. JAMES W JONSKE**

Mailing Address 1217 BARCLAY CIRCLE

City State Zip Code  
BARRINGTON IL 60010

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

Name of Employer Occupation  
Allstate Insurance Company VP-PRD-Standard Auto

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.27

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133182**

Amount of Each Receipt this Period  
 18.44

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

Mailing Address 2180 Trailblazer Way

City State Zip Code  
Castle Rock CO 80109

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
222.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806613**

Amount of Each Receipt this Period  
 25.23

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

Mailing Address 2180 Trailblazer Way

City State Zip Code  
Castle Rock CO 80109

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
248.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098789**

Amount of Each Receipt this Period  
 25.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 68.90

**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 90 OF 202
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOHN A KANE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2180 Trailblazer Way

City Castle Rock State CO Zip Code 80109

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **273.30**

Date of Receipt **05 / 30 / 2014**

**Transaction ID : A2014-1133003**

Amount of Each Receipt this Period **25.23**

**B. Wilford J Kavanaugh**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Open Parkway North

City Hawthorn Woods State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation SVP-AF-Pres. Allstate Fin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **512.68**

Date of Receipt **05 / 02 / 2014**

**Transaction ID : A2014-806879**

Amount of Each Receipt this Period **58.08**

**C. Wilford J Kavanaugh**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Open Parkway North

City Hawthorn Woods State IL Zip Code 60047

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

Name of Employer Allstate Insurance Company Occupation SVP-AF-Pres. Allstate Fin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **570.76**

Date of Receipt **05 / 16 / 2014**

**Transaction ID : A2014-1099053**

Amount of Each Receipt this Period **58.08**

**SUBTOTAL** of Receipts This Page (optional)..... **141.39**

**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 91 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Wilford J Kavanaugh**  
 Mailing Address 7 Open Parkway North  
 City State Zip Code  
 Hawthorn Woods IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-AF-Pres. Allstate Fin  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 628.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133266**  
 Amount of Each Receipt this Period  
 58.08

Full Name (Last, First, Middle Initial)  
**B. CHRISTOPHER R KIAH**  
 Mailing Address 221 BRAMPTON LN  
 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-ST-Protection Program  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 513.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806599**  
 Amount of Each Receipt this Period  
 57.59

Full Name (Last, First, Middle Initial)  
**C. CHRISTOPHER R KIAH**  
 Mailing Address 221 BRAMPTON LN  
 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-ST-Protection Program  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 570.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098775**  
 Amount of Each Receipt this Period  
 57.59

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 173.26  
**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 92 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. CHRISTOPHER R KIAH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 BRAMPTON LN  
 City State Zip Code  
 LAKE FOREST IL 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ST-Protection Program  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 628.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1132989**  
 Amount of Each Receipt this Period  
 57.59

**B. CURTIS L KIBLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1332 BAY MEADOWS DR  
 City State Zip Code  
 BARTLETT IL 60103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Manager-Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 398.93

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806696**  
 Amount of Each Receipt this Period  
 44.98

**C. CURTIS L KIBLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1332 BAY MEADOWS DR  
 City State Zip Code  
 BARTLETT IL 60103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Manager-Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 443.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098871**  
 Amount of Each Receipt this Period  
 44.98

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 147.55  
**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 93 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. CURTIS L KIBLER**  
 Mailing Address 1332 BAY MEADOWS DR  
 City State Zip Code  
 BARTLETT IL 60103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Manager-Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 488.89

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133084**  
 Amount of Each Receipt this Period  
 44.98

Full Name (Last, First, Middle Initial)  
**B. BARBARA L KILROY**  
 Mailing Address 177 Robincrest Lane  
 City State Zip Code  
 Lindenhurst IL 60046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company PF-Fin Analysis-Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 212.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098824**  
 Amount of Each Receipt this Period  
 21.62

Full Name (Last, First, Middle Initial)  
**C. BARBARA L KILROY**  
 Mailing Address 177 Robincrest Lane  
 City State Zip Code  
 Lindenhurst IL 60046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company PF-Fin Analysis-Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 234.54

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133038**  
 Amount of Each Receipt this Period  
 21.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.22  
**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 94 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. ANNE 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 Occupation  
 Allstate Insurance Company ATO-Manager-Sr Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 216.67

Date of Receipt  
 05 / 16 / 2014  
**Transaction ID : A2014-1098954**

Amount of Each Receipt this Period  
 22.05

Full Name (Last, First, Middle Initial)  
**B. 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 Occupation  
 Allstate Insurance Company ATO-Manager-Sr Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 238.72

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : A2014-1133167**

Amount of Each Receipt this Period  
 22.05

Full Name (Last, First, Middle Initial)  
**c. Stephen B King**

Mailing Address 1620 Monterey

City State Zip Code  
 Glenview IL 60026

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

Name of Employer Occupation  
 Allstate Insurance Company VP-HR-Leadership & Talent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.71

Date of Receipt  
 05 / 02 / 2014  
**Transaction ID : A2014-806868**

Amount of Each Receipt this Period  
 30.92

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.02

**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: (check only one)	PAGE 95 OF 202
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Stephen B King**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1620 Monterey  
 City Glenview State IL Zip Code 60026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-HR-Leadership & Talent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 306.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099042**  
 Amount of Each Receipt this Period  
 30.92

**B. Stephen B King**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1620 Monterey  
 City Glenview State IL Zip Code 60026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-HR-Leadership & Talent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 337.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133255**  
 Amount of Each Receipt this Period  
 30.92

**C. TIMOTHY L KNAPP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 FARMSTEAD CIRCLE  
 City LEBANON State PA Zip Code 17042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806639**  
 Amount of Each Receipt this Period  
 22.92

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	84.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 202
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Full Name (Last, First, Middle Initial) <b>A. TIMOTHY L KNAPP</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2014 <b>Transaction ID : A2014-1098815</b>
Mailing Address 132 FARMSTEAD CIRCLE		Amount of Each Receipt this Period 22.92
City LEBANON	State PA	Zip Code 17042
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 226.18
Name of Employer Allstate Insurance Company	Occupation Corporate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. TIMOTHY L KNAPP</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A2014-1133029</b>
Mailing Address 132 FARMSTEAD CIRCLE		Amount of Each Receipt this Period 22.92
City LEBANON	State PA	Zip Code 17042
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 249.10
Name of Employer Allstate Insurance Company	Occupation Corporate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JEFFREY D KNIPP</b>		Date of Receipt MM / DD / YYYY 05 / 02 / 2014 <b>Transaction ID : A2014-806833</b>
Mailing Address 2050 GLENDALE AVE		Amount of Each Receipt this Period 38.51
City NORTHBROOK	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 341.55
Name of Employer Allstate Insurance Company	Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	84.35
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 202
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Full Name (Last, First, Middle Initial) <b>A. JEFFREY D KNIPP</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2014 <b>Transaction ID : A2014-1099007</b>
Mailing Address 2050 GLENDALE AVE		Amount of Each Receipt this Period 38.51
City NORTHBROOK	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C	Name of Employer Allstate Insurance Company Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.06	

Full Name (Last, First, Middle Initial) <b>B. JEFFREY D KNIPP</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A2014-1133220</b>
Mailing Address 2050 GLENDALE AVE		Amount of Each Receipt this Period 38.51
City NORTHBROOK	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C	Name of Employer Allstate Insurance Company Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.57	

Full Name (Last, First, Middle Initial) <b>C. JAIKRISHNA KUCHIMANCHI</b>		Date of Receipt MM / DD / YYYY 05 / 02 / 2014 <b>Transaction ID : A2014-806771</b>
Mailing Address 4513 Jenna Rd		Amount of Each Receipt this Period 36.71
City Glenview	State IL	Zip Code 60025
FEC ID number of contributing federal political committee. C	Name of Employer Allstate Insurance Company Occupation AFT-Manager-Sr Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.77	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	113.73
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 98 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. JAIKRISHNA KUCHIMANCHI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4513 Jenna Rd  
 City State Zip Code  
 Glenview IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company AFT-Manager-Sr Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 361.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098946**  
 Amount of Each Receipt this Period  
 36.71

**B. JAIKRISHNA KUCHIMANCHI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4513 Jenna Rd  
 City State Zip Code  
 Glenview IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company AFT-Manager-Sr Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 398.19

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133159**  
 Amount of Each Receipt this Period  
 36.71

**C. J. Wayne W KULLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2005 Henley St.  
 City State Zip Code  
 GLENVIEW IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-ST-Agency Sales Cross  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 218.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806664**  
 Amount of Each Receipt this Period  
 24.60

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 98.02  
**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 99 OF 202  
(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. J. Wayne W KULLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2005 Henley St.  
 City State Zip Code  
 GLENVIEW IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-ST-Agency Sales Cross  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 243.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098839**  
 Amount of Each Receipt this Period  
 24.60

**B. J. Wayne W KULLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2005 Henley St.  
 City State Zip Code  
 GLENVIEW IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-ST-Agency Sales Cross  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 267.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133053**  
 Amount of Each Receipt this Period  
 24.60

**C. SUSAN L LEES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1705 DARTMOUTH LN  
 City State Zip Code  
 DEERFIELD IL 60015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-LGL-Gen'l Counsel & C  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 952.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806598**  
 Amount of Each Receipt this Period  
 109.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 158.82  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 100 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1705 DARTMOUTH LN

City State Zip Code  
 DEERFIELD IL 60015

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1061.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098774**

Amount of Each Receipt this Period  
 109.62

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

Mailing Address 1705 DARTMOUTH LN

City State Zip Code  
 DEERFIELD IL 60015

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1171.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1132988**

Amount of Each Receipt this Period  
 109.62

Full Name (Last, First, Middle Initial)  
**C. GARY L LEVINE**

Mailing Address 16340 W. Arlington Drive

City State Zip Code  
 Libertyville IL 60048

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

Name of Employer Occupation  
 Allstate Insurance Company Senior Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 218.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133205**

Amount of Each Receipt this Period  
 20.09

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 239.33

**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 101 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 2326 Indian Ridge Drive

City State Zip Code  
 Glenview IL 60026

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 561.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806880**

Amount of Each Receipt this Period  
 63.04

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

Mailing Address 2326 Indian Ridge Drive

City State Zip Code  
 Glenview IL 60026

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 624.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099054**

Amount of Each Receipt this Period  
 63.04

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

Mailing Address 2326 Indian Ridge Drive

City State Zip Code  
 Glenview IL 60026

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 687.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133267**

Amount of Each Receipt this Period  
 63.04

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 189.12

**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 102 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. GREGORY J LUCETT**

Mailing Address P.O. BOX 9242

City State Zip Code  
 GLENDALE CA 91226

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

Name of Employer Occupation  
 Allstate Insurance Company Managing Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 329.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806853**

Amount of Each Receipt this Period  
 37.37

Full Name (Last, First, Middle Initial)  
**B. GREGORY J LUCETT**

Mailing Address P.O. BOX 9242

City State Zip Code  
 GLENDALE CA 91226

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

Name of Employer Occupation  
 Allstate Insurance Company Managing Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 366.45

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099027**

Amount of Each Receipt this Period  
 37.37

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

Mailing Address P.O. BOX 9242

City State Zip Code  
 GLENDALE CA 91226

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

Name of Employer Occupation  
 Allstate Insurance Company Managing Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 403.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133240**

Amount of Each Receipt this Period  
 37.37

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **112.11**

**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 103 OF 202  
(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. COREY C LUECHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 843 Spring Cove Dr  
 City State Zip Code  
 SCHAUMBURG IL 60193  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Real Estate and Facilitie  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 203.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806744**  
 Amount of Each Receipt this Period  
 22.93

**B. COREY C LUECHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 843 Spring Cove Dr  
 City State Zip Code  
 SCHAUMBURG IL 60193  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Real Estate and Facilitie  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 226.83

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098919**  
 Amount of Each Receipt this Period  
 22.93

**C. COREY C LUECHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 843 Spring Cove Dr  
 City State Zip Code  
 SCHAUMBURG IL 60193  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Real Estate and Facilitie  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 249.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133132**  
 Amount of Each Receipt this Period  
 22.93

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 68.79  
**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 104 OF 202
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BENJAMIN E LUMICAO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9655 Woods Drive Unit 708  
 City Skokie State IL Zip Code 60077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Senior Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 317.34

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806761**  
 Amount of Each Receipt this Period  
 35.69

**B. BENJAMIN E LUMICAO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9655 Woods Drive Unit 708  
 City Skokie State IL Zip Code 60077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Senior Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 353.03

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098936**  
 Amount of Each Receipt this Period  
 35.69

**C. BENJAMIN E LUMICAO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9655 Woods Drive Unit 708  
 City Skokie State IL Zip Code 60077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Senior Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 388.72

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133149**  
 Amount of Each Receipt this Period  
 35.69

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	107.07
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Katherine A Mabe**

Mailing Address 2750 Commons Drive

City State Zip Code  
 Glenview IL 60026

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1007.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806878**

Amount of Each Receipt this Period  
 111.92

Full Name (Last, First, Middle Initial)  
**B. Katherine A Mabe**

Mailing Address 2750 Commons Drive

City State Zip Code  
 Glenview IL 60026

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1119.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099052**

Amount of Each Receipt this Period  
 111.92

Full Name (Last, First, Middle Initial)  
**C. Katherine A Mabe**

Mailing Address 2750 Commons Drive

City State Zip Code  
 Glenview IL 60026

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1231.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133265**

Amount of Each Receipt this Period  
 111.92

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 335.76

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 202
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. DANIEL J MACDONALD</b>		Date of Receipt
Mailing Address 2250 RIDGETRAIL DR		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
CASTLE ROCK	CO	80104
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2014-806807</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	FSL - Growth	<input type="text" value="22.90"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="204.08"/>	

Full Name (Last, First, Middle Initial) <b>B. DANIEL J MACDONALD</b>		Date of Receipt
Mailing Address 2250 RIDGETRAIL DR		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
CASTLE ROCK	CO	80104
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2014-1098981</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	FSL - Growth	<input type="text" value="22.90"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="226.98"/>	

Full Name (Last, First, Middle Initial) <b>C. DANIEL J MACDONALD</b>		Date of Receipt
Mailing Address 2250 RIDGETRAIL DR		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
CASTLE ROCK	CO	80104
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2014-1133194</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Allstate Insurance Company	FSL - Growth	<input type="text" value="22.90"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="249.88"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="68.70"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 107 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. KENNETH P MARCOTTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2311 HAVERTON DR  
 City State Zip Code  
 MUNDELEIN IL 60060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-FSS-Accounting  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 216.59

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806705**  
 Amount of Each Receipt this Period  
 24.48

**B. KENNETH P MARCOTTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2311 HAVERTON DR  
 City State Zip Code  
 MUNDELEIN IL 60060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-FSS-Accounting  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 241.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098880**  
 Amount of Each Receipt this Period  
 24.48

**C. KENNETH P MARCOTTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2311 HAVERTON DR  
 City State Zip Code  
 MUNDELEIN IL 60060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-FSS-Accounting  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 265.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133093**  
 Amount of Each Receipt this Period  
 24.48

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 73.44  
**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 108 OF 202
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Rhonda J Masser**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4807 Wildwood Dr

City McHenry	State IL	Zip Code 60051
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.10**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : A2014-1098860**

Amount of Each Receipt this Period  

20.69
-------

**B. Rhonda J Masser**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4807 Wildwood Dr

City McHenry	State IL	Zip Code 60051
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.79**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A2014-1133073**

Amount of Each Receipt this Period  

20.69
-------

**C. JOHN R MATHEWS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 401 E NORTH AVENUE

City LAKE BLUFF	State IL	Zip Code 60044
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **203.85**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

**Transaction ID : A2014-806762**

Amount of Each Receipt this Period  

22.87
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>64.25</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 109 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 226.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098937**

Amount of Each Receipt this Period  
 22.87

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.59

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133150**

Amount of Each Receipt this Period  
 22.87

Full Name (Last, First, Middle Initial)  
**C. 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 Occupation  
 Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 381.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806718**

Amount of Each Receipt this Period  
 42.59

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.33

**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 110 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. JOHN A MC LAUGHLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25748 N. Stoney Kirk Ct.  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 424.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098893**  
 Amount of Each Receipt this Period  
 42.59

**B. JOHN A MC LAUGHLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25748 N. Stoney Kirk Ct.  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 466.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133106**  
 Amount of Each Receipt this Period  
 42.59

**C. SCOTT A MCCONNELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21722 N TIMBER RIDGE CT  
 City KILDEER State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation INV-IT Capital Markets-Di  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098858**  
 Amount of Each Receipt this Period  
 20.51

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 111 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. SCOTT A MCCONNELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21722 N TIMBER RIDGE CT  
 City State Zip Code  
 KILDEER IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company INV-IT Capital Markets-Di  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 222.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133071**  
 Amount of Each Receipt this Period  
 20.51

**B. JOSEPH P MCCORMICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 808 PARKDALE CT.  
 City State Zip Code  
 SOUTHLAKE TX 76092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corp Rel Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.27

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133037**  
 Amount of Each Receipt this Period  
 19.23

**C. MARK A MCGILLIVRAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1028 PORTSMOUTH CIRCLE  
 City State Zip Code  
 GURNEE IL 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-CLM-Centralized Servi  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 289.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806844**  
 Amount of Each Receipt this Period  
 32.65

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.39  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 202
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1028 PORTSMOUTH CIRCLE

City	State	Zip Code
GURNEE	IL	60031

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

Name of Employer	Occupation
Allstate Insurance Company	SVP-CLM-Centralized Servi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **322.27**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : A2014-1099018**

Amount of Each Receipt this Period  

32.65
-------

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

Mailing Address 1028 PORTSMOUTH CIRCLE

City	State	Zip Code
GURNEE	IL	60031

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

Name of Employer	Occupation
Allstate Insurance Company	SVP-CLM-Centralized Servi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **354.92**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A2014-1133231**

Amount of Each Receipt this Period  

32.65
-------

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

Mailing Address 11 Larkspur Drive

City	State	Zip Code
Smithtown	NY	11787

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **412.87**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

**Transaction ID : A2014-806842**

Amount of Each Receipt this Period  

46.35
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>111.65</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 202
	<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. EVA M MCINTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 Larkspur Drive

City Smithtown	State NY	Zip Code 11787
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **459.22**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : A2014-1099016**

Amount of Each Receipt this Period  

46.35
-------

**B. EVA M MCINTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 Larkspur Drive

City Smithtown	State NY	Zip Code 11787
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **505.57**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A2014-1133229**

Amount of Each Receipt this Period  

46.35
-------

**C. JEFFREY J MCRAE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 83 Arcadia Lane

City LAKE ZURICH	State IL	Zip Code 60047
---------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-PF-Strategy & Plannin
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **257.04**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

**Transaction ID : A2014-806672**

Amount of Each Receipt this Period  

29.05
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>121.75</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 114 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. JEFFREY J MCRAE**

Mailing Address 83 Arcadia Lane

City State Zip Code  
 LAKE ZURICH IL 60047

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-PF-Strategy & Plannin

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 286.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098847**

Amount of Each Receipt this Period  
 29.05

Full Name (Last, First, Middle Initial)  
**B. 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 Occupation  
 Allstate Insurance Company SVP-PF-Strategy & Plannin

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133061**

Amount of Each Receipt this Period  
 29.05

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

Mailing Address 3311 Brook Rd.

City State Zip Code  
 Highland Park IL 60035

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 613.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806881**

Amount of Each Receipt this Period  
 69.78

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 127.88

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 202
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Jesse E Merten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3311 Brook Rd.  
 City Highland Park State IL Zip Code 60035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-AF-Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 682.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099055**  
 Amount of Each Receipt this Period  
 69.78

**B. Jesse E Merten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3311 Brook Rd.  
 City Highland Park State IL Zip Code 60035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-AF-Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 752.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133268**  
 Amount of Each Receipt this Period  
 69.78

**C. FREDERICK J MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16343 Smith Mountain Lake Parkway  
 City Huddleston State VA Zip Code 24104  
 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 ▼ 273.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806682**  
 Amount of Each Receipt this Period  
 34.77

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	174.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 202
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. FREDERICK J MILLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 16 / 2014 <b>Transaction ID : A2014-1098857</b>
Mailing Address 16343 Smith Mountain Lake Parkway		Amount of Each Receipt this Period 34.77
City Huddleston	State VA	Zip Code 24104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.77
Name of Employer Allstate Insurance Company	Occupation Territorial Sales Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.21	

Full Name (Last, First, Middle Initial) <b>B. FREDERICK J MILLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 30 / 2014 <b>Transaction ID : A2014-1133070</b>
Mailing Address 16343 Smith Mountain Lake Parkway		Amount of Each Receipt this Period 34.77
City Huddleston	State VA	Zip Code 24104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.77
Name of Employer Allstate Insurance Company	Occupation Territorial Sales Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.98	

Full Name (Last, First, Middle Initial) <b>C. STEVEN M MILLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 02 / 2014 <b>Transaction ID : A2014-806787</b>
Mailing Address 436 N. Harrison St		Amount of Each Receipt this Period 25.40
City ALGONQUIN	State IL	Zip Code 60102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.40
Name of Employer Allstate Insurance Company	Occupation VP-AF-Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.19	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	94.94
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 117 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. STEVEN M MILLER**

Mailing Address 436 N. Harrison St

City State Zip Code  
 ALGONQUIN IL 60102

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

Name of Employer Occupation  
 Allstate Insurance Company VP-AF-Technology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **249.59**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A2014-1098962**

Amount of Each Receipt this Period  
**25.40**

Full Name (Last, First, Middle Initial)  
**B. STEVEN M MILLER**

Mailing Address 436 N. Harrison St

City State Zip Code  
 ALGONQUIN IL 60102

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

Name of Employer Occupation  
 Allstate Insurance Company VP-AF-Technology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **274.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A2014-1133175**

Amount of Each Receipt this Period  
**25.40**

Full Name (Last, First, Middle Initial)  
**C. AMY B MILLS**

Mailing Address 942 Forest Avenue

City State Zip Code  
 Deerfield IL 60015

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

Name of Employer Occupation  
 Allstate Insurance Company VP-HR-HR Business Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **218.54**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A2014-1099033**

Amount of Each Receipt this Period  
**22.21**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **73.01**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 118 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. AMY B MILLS**

Mailing Address 942 Forest Avenue

City State Zip Code  
Deerfield IL 60015

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

Name of Employer Occupation  
Allstate Insurance Company VP-HR-HR Business Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.75

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2014  
**Transaction ID : A2014-1133246**

Amount of Each Receipt this Period  
22.21

Full Name (Last, First, Middle Initial)  
**B. MEGHAN O MULVIHILL**

Mailing Address 2445 CHERRY LANE

City State Zip Code  
NORTHBROOK IL 60062

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

Name of Employer Occupation  
Allstate Insurance Company State Filings Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
358.74

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2014  
**Transaction ID : A2014-806651**

Amount of Each Receipt this Period  
40.45

Full Name (Last, First, Middle Initial)  
**C. MEGHAN O MULVIHILL**

Mailing Address 2445 CHERRY LANE

City State Zip Code  
NORTHBROOK IL 60062

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

Name of Employer Occupation  
Allstate Insurance Company State Filings Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
399.19

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2014  
**Transaction ID : A2014-1098827**

Amount of Each Receipt this Period  
40.45

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 103.11

**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 119 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MEGHAN O MULVIHILL**

Mailing Address 2445 CHERRY LANE

City NORTHBROOK      State IL      Zip Code 60062

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

Name of Employer Allstate Insurance Company      Occupation State Filings Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **439.64**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**  
**Transaction ID : A2014-1133041**

Amount of Each Receipt this Period  
**40.45**

Full Name (Last, First, Middle Initial)  
**B. MICHAEL F MULVIHILL**

Mailing Address 2445 CHERRY LANE

City NORTHBROOK      State IL      Zip Code 60062

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

Name of Employer Allstate Insurance Company      Occupation Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **397.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**  
**Transaction ID : A2014-806701**

Amount of Each Receipt this Period  
**44.87**

Full Name (Last, First, Middle Initial)  
**C. MICHAEL F MULVIHILL**

Mailing Address 2445 CHERRY LANE

City NORTHBROOK      State IL      Zip Code 60062

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

Name of Employer Allstate Insurance Company      Occupation Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.85**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**  
**Transaction ID : A2014-1098876**

Amount of Each Receipt this Period  
**44.87**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **130.19**

**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 120 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MICHAEL F MULVIHILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2445 CHERRY LANE  
 City NORTHBROOK State IL Zip Code 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 487.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133089**  
 Amount of Each Receipt this Period  
 44.87

**B. MICHAEL A MURPHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1908 N. Silver Lake Road  
 City Arlington Heights State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806824**  
 Amount of Each Receipt this Period  
 42.62

**C. MICHAEL A MURPHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1908 N. Silver Lake Road  
 City Arlington Heights State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098998**  
 Amount of Each Receipt this Period  
 42.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.11  
**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 121 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1908 N. Silver Lake Road

City State Zip Code  
Arlington Heights IL 60004

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

Name of Employer Occupation  
Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133211**

Amount of Each Receipt this Period  
42.62

Full Name (Last, First, Middle Initial)  
**B. DAVID G NADIG**

Mailing Address 2950 LAKE PLACID

City State Zip Code  
NORTHBROOK IL 60062

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
594.59

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806778**

Amount of Each Receipt this Period  
66.72

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

Mailing Address 2950 LAKE PLACID

City State Zip Code  
NORTHBROOK IL 60062

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
661.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098953**

Amount of Each Receipt this Period  
66.72

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 176.06

**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 122 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. DAVID 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 SVP-LGL-Protection Law

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **728.03**

Date of Receipt  
**05 / 30 / 2014**  
**Transaction ID : A2014-1133166**

Amount of Each Receipt this Period  
**66.72**

Full Name (Last, First, Middle Initial)  
**B. PATRICK K NOLL**

Mailing Address 22451 THORNBURY CT

City DEER PARK      State IL      Zip Code 60010

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **564.62**

Date of Receipt  
**05 / 02 / 2014**  
**Transaction ID : A2014-806826**

Amount of Each Receipt this Period  
**64.04**

Full Name (Last, First, Middle Initial)  
**C. PATRICK K NOLL**

Mailing Address 22451 THORNBURY CT

City DEER PARK      State IL      Zip Code 60010

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **628.66**

Date of Receipt  
**05 / 16 / 2014**  
**Transaction ID : A2014-1099000**

Amount of Each Receipt this Period  
**64.04**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **194.80**

**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 123 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. PATRICK K NOLL**

Mailing Address 22451 THORNBURY CT

City State Zip Code  
DEER PARK IL 60010

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133213**

Amount of Each Receipt this Period  
64.04

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

Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code  
LAKE ZURICH IL 60047

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

Name of Employer Occupation  
Allstate Insurance Company Operations Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
218.77

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098861**

Amount of Each Receipt this Period  
22.03

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

Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code  
LAKE ZURICH IL 60047

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

Name of Employer Occupation  
Allstate Insurance Company Operations Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133074**

Amount of Each Receipt this Period  
22.03

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 108.10

**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 124 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MICHAEL P O'SHEA**

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code  
 NAPERVILLE IL 60565

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

Name of Employer Occupation  
 Allstate Insurance Company FSL - Growth

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 248.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806624**

Amount of Each Receipt this Period  
 27.77

Full Name (Last, First, Middle Initial)  
**B. MICHAEL P O'SHEA**

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code  
 NAPERVILLE IL 60565

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

Name of Employer Occupation  
 Allstate Insurance Company FSL - Growth

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 276.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098800**

Amount of Each Receipt this Period  
 27.77

Full Name (Last, First, Middle Initial)  
**C. MICHAEL P O'SHEA**

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code  
 NAPERVILLE IL 60565

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

Name of Employer Occupation  
 Allstate Insurance Company FSL - Growth

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 304.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133014**

Amount of Each Receipt this Period  
 27.77

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 83.31

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

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

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

FOR LINE NUMBER: PAGE 125 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. ROGER D ODLE 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 Occupation  
 Allstate Insurance Company VP-SAL-Field Vice Preside

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 445.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806754**

Amount of Each Receipt this Period  
 49.62

Full Name (Last, First, Middle Initial)  
**B. ROGER D ODLE 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 Occupation  
 Allstate Insurance Company VP-SAL-Field Vice Preside

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 495.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098929**

Amount of Each Receipt this Period  
 49.62

Full Name (Last, First, Middle Initial)  
**C. ROGER D ODLE 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 Occupation  
 Allstate Insurance Company VP-SAL-Field Vice Preside

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 544.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133142**

Amount of Each Receipt this Period  
 49.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 148.86

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

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

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

FOR LINE NUMBER: PAGE 126 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 361 KELBURN RD. #315

City State Zip Code  
DEERFIELD IL 60015

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

Name of Employer Occupation  
Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
371.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806676**

Amount of Each Receipt this Period  
41.53

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

Mailing Address 361 KELBURN RD. #315

City State Zip Code  
DEERFIELD IL 60015

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

Name of Employer Occupation  
Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
413.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-109851**

Amount of Each Receipt this Period  
41.53

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

Mailing Address 361 KELBURN RD. #315

City State Zip Code  
DEERFIELD IL 60015

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

Name of Employer Occupation  
Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
454.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133065**

Amount of Each Receipt this Period  
41.53

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 124.59

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

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

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

FOR LINE NUMBER: PAGE 127 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. PAMELA J OVERTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23475 W. Newhaven Dr.  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-CLM-Claims Product Lin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 451.48

Date of Receipt 05 / 02 / 2014  
**Transaction ID : A2014-806670**  
 Amount of Each Receipt this Period 51.03

**B. PAMELA J OVERTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23475 W. Newhaven Dr.  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-CLM-Claims Product Lin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 502.51

Date of Receipt 05 / 16 / 2014  
**Transaction ID : A2014-109845**  
 Amount of Each Receipt this Period 51.03

**C. PAMELA J OVERTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23475 W. Newhaven Dr.  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-CLM-Claims Product Lin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 553.54

Date of Receipt 05 / 30 / 2014  
**Transaction ID : A2014-1133059**  
 Amount of Each Receipt this Period 51.03

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 153.09  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 128 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. LAURIE PELLOUCHOUD</b>		Date of Receipt
Mailing Address 1447 PLEASANT		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City State Zip Code GLENVIEW IL 60025		<b>Transaction ID : A2014-806773</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="46.28"/>
Name of Employer Allstate Insurance Company	Occupation VP-PRD-Homeowners	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="408.51"/>	

Full Name (Last, First, Middle Initial) <b>B. LAURIE PELLOUCHOUD</b>		Date of Receipt
Mailing Address 1447 PLEASANT		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City State Zip Code GLENVIEW IL 60025		<b>Transaction ID : A2014-1098948</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="46.28"/>
Name of Employer Allstate Insurance Company	Occupation VP-PRD-Homeowners	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="454.79"/>	

Full Name (Last, First, Middle Initial) <b>C. LAURIE PELLOUCHOUD</b>		Date of Receipt
Mailing Address 1447 PLEASANT		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code GLENVIEW IL 60025		<b>Transaction ID : A2014-1133161</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="46.28"/>
Name of Employer Allstate Insurance Company	Occupation VP-PRD-Homeowners	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="501.07"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="138.84"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 129 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
Allstate Insurance Company HR-Client Partnership-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098927**

Amount of Each Receipt this Period  
21.43

Full Name (Last, First, Middle Initial)  
**B. 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 Occupation  
Allstate Insurance Company HR-Client Partnership-Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1137738**

Amount of Each Receipt this Period  
29.54

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

Mailing Address 1406 Rosalie St.

City State Zip Code  
Evanston IL 60201

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
418.59

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806886**

Amount of Each Receipt this Period  
47.42

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 98.39

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 202
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1406 Rosalie St.

City Evanston	State IL	Zip Code 60201
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **466.01**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : A2014-1099060**

Amount of Each Receipt this Period  

47.42
-------

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

Mailing Address 1406 Rosalie St.

City Evanston	State IL	Zip Code 60201
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **513.43**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A2014-1133273**

Amount of Each Receipt this Period  

47.42
-------

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

Mailing Address 2756 BRECKENRIDGE LANE

City NAPERVILLE	State IL	Zip Code 60565
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **316.08**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

**Transaction ID : A2014-806862**

Amount of Each Receipt this Period  

35.64
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.48</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 202
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2756 BRECKENRIDGE LANE

City NAPERVILLE State IL Zip Code 60565

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099036**

Amount of Each Receipt this Period  
 35.64

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

Mailing Address 2756 BRECKENRIDGE LANE

City NAPERVILLE State IL Zip Code 60565

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 387.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133249**

Amount of Each Receipt this Period  
 35.64

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

Mailing Address 580 SALCEDA DR

City MUNDELEIN State IL Zip Code 60060

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

Name of Employer Allstate Insurance Company Occupation VP-PF-Property & Casualty

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 223.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806618**

Amount of Each Receipt this Period  
 55.82

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	127.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 132 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 580 SALCEDA DR

City MUNDELEIN	State IL	Zip Code 60060
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-PF-Property & Casualty
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **279.10**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : A2014-1098794**

Amount of Each Receipt this Period  

55.82
-------

**B. STEVEN A PETTI**  
Full Name (Last, First, Middle Initial)

Mailing Address 580 SALCEDA DR

City MUNDELEIN	State IL	Zip Code 60060
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation VP-PF-Property & Casualty
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **334.92**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A2014-1133008**

Amount of Each Receipt this Period  

55.82
-------

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

Mailing Address 2114 W Cortland ST

City CHICAGO	State IL	Zip Code 60647
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **371.07**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

**Transaction ID : A2014-806691**

Amount of Each Receipt this Period  

41.84
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>153.48</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 133 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. JOHN C PINTOZZI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2114 W Cortland ST  
 City State Zip Code  
 CHICAGO IL 60647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-INV-Chief Financial O  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 412.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098866**  
 Amount of Each Receipt this Period  
 41.84

**B. JOHN C PINTOZZI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2114 W Cortland ST  
 City State Zip Code  
 CHICAGO IL 60647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-INV-Chief Financial O  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 454.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133079**  
 Amount of Each Receipt this Period  
 41.84

**C. DAVID J PRENDERGAST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8262 Arrowleaf Turn  
 City State Zip Code  
 Gainesville VA 20155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-SAL-Regional Presiden  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 742.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806614**  
 Amount of Each Receipt this Period  
 83.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 166.76  
**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 134 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 8262 Arrowleaf Turn

City State Zip Code  
 Gainesville VA 20155

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-SAL-Regional Presiden

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **825.58**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A2014-1098790**

Amount of Each Receipt this Period  
**83.08**

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

Mailing Address 8262 Arrowleaf Turn

City State Zip Code  
 Gainesville VA 20155

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

Name of Employer Occupation  
 Allstate Insurance Company SVP-SAL-Regional Presiden

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **908.66**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A2014-1133004**

Amount of Each Receipt this Period  
**83.08**

Full Name (Last, First, Middle Initial)  
**C. THOMAS G PURTELL**

Mailing Address 22663 CHESHIRE COURT

City State Zip Code  
 DEER PARK IL 60010

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

Name of Employer Occupation  
 Allstate Insurance Company PF-Agent Comp-Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **242.78**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**

**Transaction ID : A2014-806775**

Amount of Each Receipt this Period  
**27.31**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **193.47**

**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 135 OF 202  
(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. THOMAS G PURTELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22663 CHESHIRE COURT  
 City DEER PARK State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation PF-Agent Comp-Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098950**  
 Amount of Each Receipt this Period  
 27.31

**B. THOMAS G PURTELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22663 CHESHIRE COURT  
 City DEER PARK State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation PF-Agent Comp-Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133163**  
 Amount of Each Receipt this Period  
 27.31

**C. MARY J QUINN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 837 S. CHESTNUT AVENUE  
 City ARLINGTON HEIGH State IL Zip Code 60005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-LGL-Investment Law  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 414.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806798**  
 Amount of Each Receipt this Period  
 48.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 102.62  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 136 OF 202
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address **837 S. CHESTNUT AVENUE**

City <b>ARLINGTON HEIGH</b>	State <b>IL</b>	Zip Code <b>60005</b>
--------------------------------	--------------------	--------------------------

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

Name of Employer <b>Allstate Insurance Company</b>	Occupation <b>VP-LGL-Investment Law</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.09**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : A2014-1098973**

Amount of Each Receipt this Period  

48.00
-------

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

Mailing Address **837 S. CHESTNUT AVENUE**

City <b>ARLINGTON HEIGH</b>	State <b>IL</b>	Zip Code <b>60005</b>
--------------------------------	--------------------	--------------------------

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

Name of Employer <b>Allstate Insurance Company</b>	Occupation <b>VP-LGL-Investment Law</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.09**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A2014-1133186**

Amount of Each Receipt this Period  

48.00
-------

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

Mailing Address **618 Burdick St.**

City <b>LIBERTYVILLE</b>	State <b>IL</b>	Zip Code <b>60048</b>
-----------------------------	--------------------	--------------------------

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

Name of Employer <b>Allstate Insurance Company</b>	Occupation <b>ATO-Manager-Director</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.71**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
05	/	02	/	2014

**Transaction ID : A2014-806721**

Amount of Each Receipt this Period  

42.16
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>138.16</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 137 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 618 Burdick St.

City State Zip Code  
 LIBERTYVILLE IL 60048

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 417.87

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098896**

Amount of Each Receipt this Period  
 42.16

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

Mailing Address 618 Burdick St.

City State Zip Code  
 LIBERTYVILLE IL 60048

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 460.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133109**

Amount of Each Receipt this Period  
 42.16

Full Name (Last, First, Middle Initial)  
**C. MARIO RIZZO**

Mailing Address 5926 W. 90TH PLACE

City State Zip Code  
 OAK LAWN IL 60453

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 543.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806723**

Amount of Each Receipt this Period  
 61.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.99

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 138 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MARIO RIZZO</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 16 / 2014 <b>Transaction ID : A2014-1098898</b>
Mailing Address 5926 W. 90TH PLACE		Amount of Each Receipt this Period 61.67
City OAK LAWN	State IL	Zip Code 60453
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-FSS-Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 604.73	

Full Name (Last, First, Middle Initial) <b>B. MARIO RIZZO</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 30 / 2014 <b>Transaction ID : A2014-1133111</b>
Mailing Address 5926 W. 90TH PLACE		Amount of Each Receipt this Period 61.67
City OAK LAWN	State IL	Zip Code 60453
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-FSS-Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.40	

Full Name (Last, First, Middle Initial) <b>C. ROGER S ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 02 / 2014 <b>Transaction ID : A2014-806665</b>
Mailing Address 535 6th Street North		Amount of Each Receipt this Period 26.88
City St. Petersburg	State FL	Zip Code 33701
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Corp Rel Regional Sr Man	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 139 OF 202  
(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. ROGER S ROBINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 535 6th Street North  
 City State Zip Code  
 St. Petersburg FL 33701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corp Rel Regional Sr Man  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 263.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098840**  
 Amount of Each Receipt this Period  
 26.88

**B. ROGER S ROBINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 535 6th Street North  
 City State Zip Code  
 St. Petersburg FL 33701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corp Rel Regional Sr Man  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 289.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133054**  
 Amount of Each Receipt this Period  
 26.88

**C. GREGORY C ROHLFING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 ASHLAND  
 City State Zip Code  
 RIVER FOREST IL 60305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 405.77

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806689**  
 Amount of Each Receipt this Period  
 45.31

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 99.07  
**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: (check only one)	PAGE 140 OF 202
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. GREGORY C ROHLFING</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2014 <b>Transaction ID : A2014-1098864</b>
Mailing Address 106 ASHLAND		Amount of Each Receipt this Period 45.31
City RIVER FOREST	State IL Zip Code 60305	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Corporate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 451.08	

Full Name (Last, First, Middle Initial) <b>B. GREGORY C ROHLFING</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A2014-1133077</b>
Mailing Address 106 ASHLAND		Amount of Each Receipt this Period 45.31
City RIVER FOREST	State IL Zip Code 60305	
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation Corporate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.39	

Full Name (Last, First, Middle Initial) <b>C. ANDREW R ROMERO</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A2014-1133228</b>
Mailing Address 3151 Montrose Way		Amount of Each Receipt this Period 19.74
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 Regional Financial Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.10	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 141 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JOHN ROSZKOWSKI**  
Full Name (Last, First, Middle Initial)

Mailing Address 3371 VENARD RD.

City DOWNERS GROVE	State IL	Zip Code 60515
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **388.12**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

**Transaction ID : A2014-806753**

Amount of Each Receipt this Period  

43.97
-------

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

Mailing Address 3371 VENARD RD.

City DOWNERS GROVE	State IL	Zip Code 60515
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.09**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

**Transaction ID : A2014-1098928**

Amount of Each Receipt this Period  

43.97
-------

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

Mailing Address 3371 VENARD RD.

City DOWNERS GROVE	State IL	Zip Code 60515
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **476.06**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

**Transaction ID : A2014-1133141**

Amount of Each Receipt this Period  

43.97
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>131.91</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 142 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 898 LONGWOOD DR.

City State Zip Code  
LAKE FOREST IL 60045

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

Name of Employer Occupation  
Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
407.52

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806687**

Amount of Each Receipt this Period  
45.86

Full Name (Last, First, Middle Initial)  
**B. PAUL R RYSKE**

Mailing Address 898 LONGWOOD DR.

City State Zip Code  
LAKE FOREST IL 60045

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

Name of Employer Occupation  
Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
453.38

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098862**

Amount of Each Receipt this Period  
45.86

Full Name (Last, First, Middle Initial)  
**C. PAUL R RYSKE**

Mailing Address 898 LONGWOOD DR.

City State Zip Code  
LAKE FOREST IL 60045

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

Name of Employer Occupation  
Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.24

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133075**

Amount of Each Receipt this Period  
45.86

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 137.58

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 202
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. PATRICK J SCHNEIDER</b>		Date of Receipt MM / DD / YYYY 05 / 02 / 2014 <b>Transaction ID : A2014-806757</b>
Mailing Address 210 NORTH TRAIL		Amount of Each Receipt this Period 37.64
City HAWTHORN WOODS	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.64
Name of Employer Allstate Insurance Company	Occupation ATO-Manager-Sr Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.81	

Full Name (Last, First, Middle Initial) <b>B. PATRICK J SCHNEIDER</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2014 <b>Transaction ID : A2014-1098932</b>
Mailing Address 210 NORTH TRAIL		Amount of Each Receipt this Period 37.64
City HAWTHORN WOODS	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.64
Name of Employer Allstate Insurance Company	Occupation ATO-Manager-Sr Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.45	

Full Name (Last, First, Middle Initial) <b>C. PATRICK J SCHNEIDER</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A2014-1133145</b>
Mailing Address 210 NORTH TRAIL		Amount of Each Receipt this Period 37.64
City HAWTHORN WOODS	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.64
Name of Employer Allstate Insurance Company	Occupation ATO-Manager-Sr Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 409.09	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	112.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 145 OF 202  
(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. STEPHEN E SCHOLL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 COPPERFIELD DRIVE  
 City State Zip Code  
 HAWTHORN WOODS IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-HR-HR Business Partner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 535.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806637**  
 Amount of Each Receipt this Period  
 60.00

**B. STEPHEN E SCHOLL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 COPPERFIELD DRIVE  
 City State Zip Code  
 HAWTHORN WOODS IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-HR-HR Business Partner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 595.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098813**  
 Amount of Each Receipt this Period  
 60.00

**C. STEPHEN E SCHOLL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 COPPERFIELD DRIVE  
 City State Zip Code  
 HAWTHORN WOODS IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-HR-HR Business Partner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 655.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133027**  
 Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00  
**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 146 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. DALE J SCHUELLER**

Mailing Address 25 Scarlet Oak Rd

City State Zip Code  
Flemington NJ 08822

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

Name of Employer Occupation  
Allstate Insurance Company Regional Sales Leader

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.49

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099004**

Amount of Each Receipt this Period  
22.09

Full Name (Last, First, Middle Initial)  
**B. DALE J SCHUELLER**

Mailing Address 25 Scarlet Oak Rd

City State Zip Code  
Flemington NJ 08822

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

Name of Employer Occupation  
Allstate Insurance Company Regional Sales Leader

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
238.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133217**

Amount of Each Receipt this Period  
22.09

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

Mailing Address 6323 N. NORMANDY

City State Zip Code  
CHICAGO IL 60631

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
497.57

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806722**

Amount of Each Receipt this Period  
56.37

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.55

**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 147 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 6323 N. NORMANDY

City State Zip Code  
 CHICAGO IL 60631

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 553.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098897**

Amount of Each Receipt this Period  
 56.37

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

Mailing Address 6323 N. NORMANDY

City State Zip Code  
 CHICAGO IL 60631

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 610.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133110**

Amount of Each Receipt this Period  
 56.37

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

Mailing Address 128 Waverly Circle

City State Zip Code  
 Phoenixville PA 19460

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 486.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806806**

Amount of Each Receipt this Period  
 54.82

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 167.56

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 148 OF 202
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. DAVID J SCHWARTZER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 128 Waverly Circle

City Phoenixville	State PA	Zip Code 19460
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-SAL-Field Senior Vice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.91	

Date of Receipt  
05 / 16 / 2014  
**Transaction ID : A2014-1098980**

Amount of Each Receipt this Period  
54.82

**B. DAVID J SCHWARTZER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 128 Waverly Circle

City Phoenixville	State PA	Zip Code 19460
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-SAL-Field Senior Vice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.73	

Date of Receipt  
05 / 30 / 2014  
**Transaction ID : A2014-1133193**

Amount of Each Receipt this Period  
54.82

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

City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		
Name of Employer Allstate Insurance Company	Occupation SVP-CR-Strategic & Consum	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 488.15	

Date of Receipt  
05 / 02 / 2014  
**Transaction ID : A2014-806748**

Amount of Each Receipt this Period  
55.73

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.37
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 149 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. STACY Y SHARPE**  
 Mailing Address 616 E Street NW #649  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-CR-Strategic & Consum  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **543.88**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**  
**Transaction ID : A2014-1098923**  
 Amount of Each Receipt this Period  
**55.73**

Full Name (Last, First, Middle Initial)  
**B. STACY Y SHARPE**  
 Mailing Address 616 E Street NW #649  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-CR-Strategic & Consum  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **599.61**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**  
**Transaction ID : A2014-1133136**  
 Amount of Each Receipt this Period  
**55.73**

Full Name (Last, First, Middle Initial)  
**C. STEVEN E SHEBIK**  
 Mailing Address 517 ROBINWOOD LANE  
 City WHEATON State IL Zip Code 60189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SMT-FSS-Chief Financial O  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1277.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**  
**Transaction ID : A2014-806728**  
 Amount of Each Receipt this Period  
**145.38**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **256.84**  
**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 150 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 517 ROBINWOOD LANE

City State Zip Code  
 WHEATON IL 60189

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1422.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098903**

Amount of Each Receipt this Period  
 145.38

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

Mailing Address 517 ROBINWOOD LANE

City State Zip Code  
 WHEATON IL 60189

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1568.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133116**

Amount of Each Receipt this Period  
 145.38

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

Mailing Address 839 SUMAC

City State Zip Code  
 HIGHLAND PARK IL 60035

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

Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 217.57

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098859**

Amount of Each Receipt this Period  
 21.95

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 312.71

**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 151 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. STEVEN R SHEFFEY**

Mailing Address 839 SUMAC

City State Zip Code  
 HIGHLAND PARK IL 60035

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

Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 239.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133072**

Amount of Each Receipt this Period  
 21.95

Full Name (Last, First, Middle Initial)  
**B. ADAM R SHORES**

Mailing Address 680 Brookstone Road

City State Zip Code  
 Grayslake IL 60030

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

Name of Employer Occupation  
 Allstate Insurance Company Corp Rel Sr Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 255.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806858**

Amount of Each Receipt this Period  
 28.83

Full Name (Last, First, Middle Initial)  
**C. ADAM R SHORES**

Mailing Address 680 Brookstone Road

City State Zip Code  
 Grayslake IL 60030

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

Name of Employer Occupation  
 Allstate Insurance Company Corp Rel Sr Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 284.21

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099032**

Amount of Each Receipt this Period  
 28.83

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.61

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 202
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. ADAM R SHORES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 680 Brookstone Road  
 City Grayslake State IL Zip Code 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corp Rel Sr Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 313.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133245**  
 Amount of Each Receipt this Period  
 28.83

**B. DENIS C SHUNTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5200 RIDGEGATE WAY  
 City FAIR OAKS State CA Zip Code 95628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Field Product Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.55

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806789**  
 Amount of Each Receipt this Period  
 24.19

**C. DENIS C SHUNTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5200 RIDGEGATE WAY  
 City FAIR OAKS State CA Zip Code 95628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Field Product Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.74

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098964**  
 Amount of Each Receipt this Period  
 24.19

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	77.21
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
Allstate Insurance Company Field Product Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
263.93

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133177**

Amount of Each Receipt this Period  
24.19

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

Mailing Address 1146 39th Ave NE

City State Zip Code  
St Petersburg FL 33703

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

Name of Employer Occupation  
Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806630**

Amount of Each Receipt this Period  
36.36

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

Mailing Address 1146 39th Ave NE

City State Zip Code  
St Petersburg FL 33703

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

Name of Employer Occupation  
Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098806**

Amount of Each Receipt this Period  
36.36

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 96.91

**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: (check only one)	PAGE 154 OF 202
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ROBERT L SIMMONS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1146 39th Ave NE  
 City St Petersburg State FL Zip Code 33703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 396.76

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133020**  
 Amount of Each Receipt this Period  
 36.36

**B. KIMBALL S SIMON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 WEHRHEIM  
 City BARRINGTON State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.30

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806838**  
 Amount of Each Receipt this Period  
 42.67

**C. KIMBALL S SIMON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 WEHRHEIM  
 City BARRINGTON State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation ATO-Manager-Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 422.97

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099012**  
 Amount of Each Receipt this Period  
 42.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	121.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 155 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 11 WEHRHEIM

City State Zip Code  
 BARRINGTON IL 60010

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 465.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133225**

Amount of Each Receipt this Period  
 42.67

Full Name (Last, First, Middle Initial)  
**B. KIMBERLY J SLOANE**

Mailing Address 650 Rochelle Terrace

City State Zip Code  
 LOMBARD IL 60148

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

Name of Employer Occupation  
 Allstate Insurance Company Risk Management Senior Di

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 277.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806743**

Amount of Each Receipt this Period  
 31.33

Full Name (Last, First, Middle Initial)  
**C. KIMBERLY J SLOANE**

Mailing Address 650 Rochelle Terrace

City State Zip Code  
 LOMBARD IL 60148

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

Name of Employer Occupation  
 Allstate Insurance Company Risk Management Senior Di

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 309.21

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098918**

Amount of Each Receipt this Period  
 31.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **105.33**

**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 156 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. KIMBERLY J SLOANE**

Mailing Address 650 Rochelle Terrace

City State Zip Code  
 LOMBARD IL 60148

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

Name of Employer Occupation  
 Allstate Insurance Company Risk Management Senior Di

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 340.54

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133131**

Amount of Each Receipt this Period  
 31.33

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

Mailing Address 414 E. Burr Oak Dr.

City State Zip Code  
 Arlington Heights IL 60004

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

Name of Employer Occupation  
 Allstate Insurance Company Senior Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 340.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806809**

Amount of Each Receipt this Period  
 38.59

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

Mailing Address 414 E. Burr Oak Dr.

City State Zip Code  
 Arlington Heights IL 60004

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

Name of Employer Occupation  
 Allstate Insurance Company Senior Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 378.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098983**

Amount of Each Receipt this Period  
 38.59

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 108.51

**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

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

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

Full Name (Last, First, Middle Initial)  
**A. CHARLES M SMITH**  
 Mailing Address 414 E. Burr Oak Dr.  
 City State Zip Code  
 Arlington Heights IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Senior Attorney  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 417.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133196**  
 Amount of Each Receipt this Period  
 38.59

Full Name (Last, First, Middle Initial)  
**B. KATHERINE A SMITH**  
 Mailing Address 231 KAINER AVENUE  
 City State Zip Code  
 BARRINGTON IL 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 207.19

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133117**  
 Amount of Each Receipt this Period  
 19.06

Full Name (Last, First, Middle Initial)  
**C. RICHARD J SMITH Jr.**  
 Mailing Address 597 TREETOP LANE  
 City State Zip Code  
 GURNEE IL 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-PRD-Product Vice Presi  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 213.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806816**  
 Amount of Each Receipt this Period  
 24.25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.90  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 158 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. RICHARD J SMITH Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 597 TREETOP LANE  
 City State Zip Code  
 GURNEE IL 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-PRD-Product Vice Presi  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 237.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098990**  
 Amount of Each Receipt this Period  
 24.25

**B. RICHARD J SMITH Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 597 TREETOP LANE  
 City State Zip Code  
 GURNEE IL 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-PRD-Product Vice Presi  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 261.57

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133203**  
 Amount of Each Receipt this Period  
 24.25

**C. STEVEN P SORENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20712 High Ridge Dr  
 City State Zip Code  
 KILDEER IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-PRD-Product Operation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 836.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806800**  
 Amount of Each Receipt this Period  
 94.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 143.12  
**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 159 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. STEVEN P SORENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20712 High Ridge Dr  
 City State Zip Code  
 KILDEER IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-PRD-Product Operation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 930.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098975**  
 Amount of Each Receipt this Period  
 94.62

**B. STEVEN P SORENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20712 High Ridge Dr  
 City State Zip Code  
 KILDEER IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-PRD-Product Operation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1025.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133188**  
 Amount of Each Receipt this Period  
 94.62

**C. KEVIN A SPATARO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1663 SARATOGA LANE  
 City State Zip Code  
 GLENVIEW IL 60026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-FSS-Accounting Resear  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 354.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806770**  
 Amount of Each Receipt this Period  
 40.02

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 229.26  
**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 160 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. KEVIN A SPATARO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1663 SARATOGA LANE

City GLENVIEW	State IL	Zip Code 60026
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-FSS-Accounting Resear
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **394.12**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : A2014-1098945**

Amount of Each Receipt this Period  

40.02
-------

**B. KEVIN A SPATARO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1663 SARATOGA LANE

City GLENVIEW	State IL	Zip Code 60026
------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation SVP-FSS-Accounting Resear
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **434.14**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A2014-1133158**

Amount of Each Receipt this Period  

40.02
-------

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

Mailing Address 1001 N Vermont St

City Arlington	State VA	Zip Code 22201
-------------------	-------------	-------------------

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

Name of Employer Allstate Insurance Company	Occupation Field PF-Fin Analysis-Sr
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **267.70**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

**Transaction ID : A2014-806786**

Amount of Each Receipt this Period  

30.61
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>110.65</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

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

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

Mailing Address 1001 N Vermont St

City State Zip Code  
 Arlington VA 22201

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

Name of Employer Occupation  
 Allstate Insurance Company Field PF-Fin Analysis-Sr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 298.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098961**

Amount of Each Receipt this Period  
 30.61

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

Mailing Address 1001 N Vermont St

City State Zip Code  
 Arlington VA 22201

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

Name of Employer Occupation  
 Allstate Insurance Company Field PF-Fin Analysis-Sr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 328.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133174**

Amount of Each Receipt this Period  
 30.61

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

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code  
 GURNEE IL 60031

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 488.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806679**

Amount of Each Receipt this Period  
 61.69

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 122.91

**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 162 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code  
 GURNEE IL 60031

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098854**

Amount of Each Receipt this Period  
 61.69

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

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code  
 GURNEE IL 60031

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 612.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133068**

Amount of Each Receipt this Period  
 61.69

Full Name (Last, First, Middle Initial)  
**C. GARY S STERE**

Mailing Address 2015 SELVA MADERA COURT

City State Zip Code  
 ATLANTIC BEACH FL 32233

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

Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 397.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806667**

Amount of Each Receipt this Period  
 44.64

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 168.02

**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: (check only one)	PAGE 163 OF 202
	<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. GARY S STERE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2015 SELVA MADERA COURT

City ATLANTIC BEACH State FL Zip Code 32233

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

Name of Employer Allstate Insurance Company Occupation Corporate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.49**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A2014-1098842**

Amount of Each Receipt this Period  
**44.64**

**B. GARY S STERE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2015 SELVA MADERA COURT

City ATLANTIC BEACH State FL Zip Code 32233

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

Name of Employer Allstate Insurance Company Occupation Corporate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **487.13**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A2014-1133056**

Amount of Each Receipt this Period  
**44.64**

**C. MYRON E STOUFFER**  
Full Name (Last, First, Middle Initial)

Mailing Address 324 W. Cook

City LIBERTYVILLE State IL Zip Code 60048

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

Name of Employer Allstate Insurance Company Occupation SVP-AHA-Independent Chann

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **282.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**

**Transaction ID : A2014-806663**

Amount of Each Receipt this Period  
**32.02**

**SUBTOTAL** of Receipts This Page (optional)..... ► **121.30**

**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

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

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

**A. MYRON E STOUFFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 324 W. Cook  
 City LIBERTYVILLE State IL Zip Code 60048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-AHA-Independent Chann  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 314.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098838**  
 Amount of Each Receipt this Period  
 32.02

**B. MYRON E STOUFFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 324 W. Cook  
 City LIBERTYVILLE State IL Zip Code 60048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-AHA-Independent Chann  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133052**  
 Amount of Each Receipt this Period  
 32.02

**C. KATHLEEN A SWAIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 242 HIGHVIEW  
 City ELMHURST State IL Zip Code 60126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-FSS-Internal Auditing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 573.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806693**  
 Amount of Each Receipt this Period  
 64.49

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 128.53  
**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 165 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 242 HIGHVIEW

City State Zip Code  
 ELMHURST IL 60126

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 637.83

Date of Receipt  
 05 / 16 / 2014  
**Transaction ID : A2014-1098868**

Amount of Each Receipt this Period  
 64.49

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

Mailing Address 242 HIGHVIEW

City State Zip Code  
 ELMHURST IL 60126

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 702.32

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : A2014-1133081**

Amount of Each Receipt this Period  
 64.49

Full Name (Last, First, Middle Initial)  
**C. CARL J TACKETT**

Mailing Address 307 WENDRON COURT

City State Zip Code  
 FRANKLIN TN 37069

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

Name of Employer Occupation  
 Allstate Insurance Company Sales Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 204.30

Date of Receipt  
 05 / 16 / 2014  
**Transaction ID : A2014-1098875**

Amount of Each Receipt this Period  
 20.61

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 149.59

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

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. CARL J TACKETT**  
 Mailing Address 307 WENDRON COURT  
 City State Zip Code  
 FRANKLIN TN 37069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Sales Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 224.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133088**  
 Amount of Each Receipt this Period  
 20.61

Full Name (Last, First, Middle Initial)  
**B. SEAN D THAKUR**  
 Mailing Address 701 N. Chruch St #1  
 City State Zip Code  
 Charlotte NC 28202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company ATO-Leader-Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 216.87

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133206**  
 Amount of Each Receipt this Period  
 19.99

Full Name (Last, First, Middle Initial)  
**C. MICHAEL A THOMAS**  
 Mailing Address 152 Robsart Place  
 City State Zip Code  
 KENILWORTH IL 60043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-RE-Administration & Re  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 226.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806861**  
 Amount of Each Receipt this Period  
 25.96

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 66.56  
**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

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

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

**A. MICHAEL A THOMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Robsart Place  
 City State Zip Code  
 KENILWORTH IL 60043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-RE-Administration & Re  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099035**  
 Amount of Each Receipt this Period  
 25.96

**B. MICHAEL A THOMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Robsart Place  
 City State Zip Code  
 KENILWORTH IL 60043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-RE-Administration & Re  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 278.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133248**  
 Amount of Each Receipt this Period  
 25.96

**C. GERALYN A THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 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 Corp Rel Sr Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 303.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806716**  
 Amount of Each Receipt this Period  
 34.11

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 86.03  
**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 168 OF 202  
(check only one)  
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 13     14     15     16     17

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

**A. GERALYN A THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6906 S. BENNETT  
 City CHICAGO State IL Zip Code 60649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corp Rel Sr Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 337.19

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098891**  
 Amount of Each Receipt this Period  
 34.11

**B. GERALYN A THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6906 S. BENNETT  
 City CHICAGO State IL Zip Code 60649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corp Rel Sr Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 371.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133104**  
 Amount of Each Receipt this Period  
 34.11

**C. MARK L THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3233 N RACINE #2  
 City CHICAGO State IL Zip Code 60657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation VP-PRD-Encompass  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 437.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806831**  
 Amount of Each Receipt this Period  
 49.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.84  
**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 169 OF 202  
(check only one)  
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 13     14     15     16     17

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

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

Mailing Address 3233 N RACINE #2

City State Zip Code  
 CHICAGO IL 60657

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 486.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099005**

Amount of Each Receipt this Period  
 49.62

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

Mailing Address 3233 N RACINE #2

City State Zip Code  
 CHICAGO IL 60657

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 536.59

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133218**

Amount of Each Receipt this Period  
 49.62

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

Mailing Address 5129 Pine River Trail

City State Zip Code  
 Castle Rock CO 80108

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 462.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806659**

Amount of Each Receipt this Period  
 52.09

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 151.33

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

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

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

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

**A. WILLIAM J THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5129 Pine River Trail  
 City State Zip Code  
 Castle Rock CO 80108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-SAL-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 514.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098835**  
 Amount of Each Receipt this Period  
 52.09

**B. WILLIAM J THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5129 Pine River Trail  
 City State Zip Code  
 Castle Rock CO 80108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-SAL-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 566.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133049**  
 Amount of Each Receipt this Period  
 52.09

**C. MELINDA S TUNNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5430 TALL OAKS DRIVE  
 City State Zip Code  
 LONG GROVE IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-SAL-Sales Programs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 495.54

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806815**  
 Amount of Each Receipt this Period  
 55.61

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 159.79  
**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

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

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

**A. MELINDA S TUNNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5430 TALL OAKS DRIVE  
 City State Zip Code  
 LONG GROVE IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-SAL-Sales Programs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 551.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098989**  
 Amount of Each Receipt this Period  
 55.61

**B. MELINDA S TUNNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5430 TALL OAKS DRIVE  
 City State Zip Code  
 LONG GROVE IL 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-SAL-Sales Programs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 606.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133202**  
 Amount of Each Receipt this Period  
 55.61

**C. RICHARD D TURANO**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 221.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098793**  
 Amount of Each Receipt this Period  
 22.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 133.68  
**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: (check only one)	PAGE 172 OF 202
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. RICHARD D TURANO**  
Full Name (Last, First, Middle Initial)

Mailing Address 4960 S CHESTER ST

City ENGLEWOOD State CO Zip Code 80111

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

Name of Employer Allstate Insurance Company Occupation Corporate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **243.64**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A2014-1133007**

Amount of Each Receipt this Period  
**22.46**

**B. SHAUNDRA L TURNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 7660 Stony Creek Lane

City Ellicott City State MD Zip Code 21043

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

Name of Employer Allstate Insurance Company Occupation Corp Rel Regional Sr Man

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2014**

**Transaction ID : A2014-806603**

Amount of Each Receipt this Period  
**26.58**

**C. SHAUNDRA L TURNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 7660 Stony Creek Lane

City Ellicott City State MD Zip Code 21043

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation Corp Rel Regional Sr Man

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.34**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A2014-1098779**

Amount of Each Receipt this Period  
**26.58**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>75.62</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. SHAUNDRA L TURNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7660 Stony Creek Lane  
 City State Zip Code  
 Ellicott City MD 21043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corp Rel Regional Sr Man  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 288.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1132993**  
 Amount of Each Receipt this Period  
 26.58

**B. WILLIAM A VAINISI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 636 BALMORAL LANE  
 City State Zip Code  
 INVERNESS IL 60067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-LGL-Government & Indu  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 580.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806725**  
 Amount of Each Receipt this Period  
 64.93

**C. WILLIAM A VAINISI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 636 BALMORAL LANE  
 City State Zip Code  
 INVERNESS IL 60067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-LGL-Government & Indu  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 644.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098900**  
 Amount of Each Receipt this Period  
 64.93

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 156.44  
**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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. 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 **SVP-LGL-Government & Indu**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **709.91**

Date of Receipt  
**05 / 30 / 2014**  
**Transaction ID : A2014-1133113**

Amount of Each Receipt this Period  
**64.93**

Full Name (Last, First, Middle Initial)  
**B. PATRICIA C VANLAMMEREN**

Mailing Address **2800 Birchwood Avenue**

City **Wilmette**      State **IL**      Zip Code **60091**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Allstate Insurance Company**      Occupation **SVP-AHA-Field Business Co**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **639.77**

Date of Receipt  
**05 / 02 / 2014**  
**Transaction ID : A2014-806837**

Amount of Each Receipt this Period  
**71.79**

Full Name (Last, First, Middle Initial)  
**C. PATRICIA C VANLAMMEREN**

Mailing Address **2800 Birchwood Avenue**

City **Wilmette**      State **IL**      Zip Code **60091**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Allstate Insurance Company**      Occupation **SVP-AHA-Field Business Co**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **711.56**

Date of Receipt  
**05 / 16 / 2014**  
**Transaction ID : A2014-1099011**

Amount of Each Receipt this Period  
**71.79**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **208.51**

**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

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(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. PATRICIA C VANLAMMEREN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2800 Birchwood Avenue  
 City Wilmette State IL Zip Code 60091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-AHA-Field Business Co  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **783.35**

Date of Receipt **05 / 30 / 2014**  
**Transaction ID : A2014-1133224**  
 Amount of Each Receipt this Period **71.79**

**B. RICHARD VAVRA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2514 S WESLEY AVENUE  
 City BERWYN State IL Zip Code 60402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **399.46**

Date of Receipt **05 / 02 / 2014**  
**Transaction ID : A2014-806688**  
 Amount of Each Receipt this Period **44.88**

**C. RICHARD VAVRA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2514 S WESLEY AVENUE  
 City BERWYN State IL Zip Code 60402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **444.34**

Date of Receipt **05 / 16 / 2014**  
**Transaction ID : A2014-1098863**  
 Amount of Each Receipt this Period **44.88**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **161.55**  
**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. RICHARD VAVRA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2514 S WESLEY AVENUE  
 City BERWYN State IL Zip Code 60402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 489.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133076**  
 Amount of Each Receipt this Period  
 44.88

**B. STEVEN C VERNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37144 FOX HILL DR  
 City WADSWORTH State IL Zip Code 60083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation EVP-FSS-Chief Risk Office  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1289.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806626**  
 Amount of Each Receipt this Period  
 146.15

**C. STEVEN C VERNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37144 FOX HILL DR  
 City WADSWORTH State IL Zip Code 60083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation EVP-FSS-Chief Risk Office  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1435.54

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098802**  
 Amount of Each Receipt this Period  
 146.15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 337.18  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. STEVEN C VERNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37144 FOX HILL DR  
 City WADSWORTH State IL Zip Code 60083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation EVP-FSS-Chief Risk Office  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1581.69

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133016**  
 Amount of Each Receipt this Period  
 146.15

**B. EDWIN L WASINGER JR Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6245 MURIFIELD DRIVE  
 City GURNEE State IL Zip Code 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation AHA-Strategic Operations-  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098949**  
 Amount of Each Receipt this Period  
 20.84

**C. EDWIN L WASINGER JR Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6245 MURIFIELD DRIVE  
 City GURNEE State IL Zip Code 60031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation AHA-Strategic Operations-  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.84

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133162**  
 Amount of Each Receipt this Period  
 20.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 187.83  
**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 178 OF 202  
(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. Robert Wasserman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1N165 Partridge Dr  
 City Wheaton State IL Zip Code 60188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-MRK-eBusiness & Direc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 642.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806871**  
 Amount of Each Receipt this Period  
 72.39

**B. Robert Wasserman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1N165 Partridge Dr  
 City Wheaton State IL Zip Code 60188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-MRK-eBusiness & Direc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 714.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099045**  
 Amount of Each Receipt this Period  
 72.39

**C. Robert Wasserman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1N165 Partridge Dr  
 City Wheaton State IL Zip Code 60188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation SVP-MRK-eBusiness & Direc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 786.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133258**  
 Amount of Each Receipt this Period  
 72.39

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 217.17  
**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 179 OF 202  
(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. SAMUEL W WHITEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 Park View Ln  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claim Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 331.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806822**  
 Amount of Each Receipt this Period  
 37.34

**B. SAMUEL W WHITEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 Park View Ln  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claim Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 369.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098996**  
 Amount of Each Receipt this Period  
 37.34

**C. SAMUEL W WHITEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 Park View Ln  
 City Hawthorn Woods State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Claim Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 406.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133209**  
 Amount of Each Receipt this Period  
 37.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 112.02  
**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 180 OF 202  
(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. CYNTHIA A WHITFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 298 Keswick Grove Lane  
 City State Zip Code  
 Franklin TN 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-SAL-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 226.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806629**  
 Amount of Each Receipt this Period  
 25.56

**B. CYNTHIA A WHITFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 298 Keswick Grove Lane  
 City State Zip Code  
 Franklin TN 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-SAL-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098805**  
 Amount of Each Receipt this Period  
 25.56

**C. CYNTHIA A WHITFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 298 Keswick Grove Lane  
 City State Zip Code  
 Franklin TN 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-SAL-Field Senior Vice  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 277.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133019**  
 Amount of Each Receipt this Period  
 25.56

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.68  
**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 181 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT N WHOLF**

Mailing Address 115 B Mohawk Trail

City State Zip Code  
 LAKE ZURICH IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Allstate Insurance Company Emerging Business Operati

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 213.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806678**

Amount of Each Receipt this Period  
 24.06

Full Name (Last, First, Middle Initial)  
**B. ROBERT N WHOLF**

Mailing Address 115 B Mohawk Trail

City State Zip Code  
 LAKE ZURICH IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Allstate Insurance Company Emerging Business Operati

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 237.45

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-109853**

Amount of Each Receipt this Period  
 24.06

Full Name (Last, First, Middle Initial)  
**C. ROBERT N WHOLF**

Mailing Address 115 B Mohawk Trail

City State Zip Code  
 LAKE ZURICH IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Allstate Insurance Company Emerging Business Operati

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 261.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-113067**

Amount of Each Receipt this Period  
 24.06

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.18

**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 182 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. JOHN K WILCOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 1120 JESSICA LANE

City LIBERTYVILLE State IL Zip Code 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP-PF-Insurance Operation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 411.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806702**

Amount of Each Receipt this Period  
 46.35

**B. JOHN K WILCOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 1120 JESSICA LANE

City LIBERTYVILLE State IL Zip Code 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP-PF-Insurance Operation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 457.43

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-109877**

Amount of Each Receipt this Period  
 46.35

**C. JOHN K WILCOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 1120 JESSICA LANE

City LIBERTYVILLE State IL Zip Code 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation VP-PF-Insurance Operation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 503.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133090**

Amount of Each Receipt this Period  
 46.35

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 139.05

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 202
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. JAMES L WILLCOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 1562 Sienna Oak Court

City Sandy	State UT	Zip Code 84092
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company	Occupation Market Claim Manager
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

**Transaction ID : A2014-806661**

Amount of Each Receipt this Period  
28.89

**B. JAMES L WILLCOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 1562 Sienna Oak Court

City Sandy	State UT	Zip Code 84092
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company	Occupation Market Claim Manager
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
284.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : A2014-109837**

Amount of Each Receipt this Period  
28.89

**C. JAMES L WILLCOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 1562 Sienna Oak Court

City Sandy	State UT	Zip Code 84092
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company	Occupation Market Claim Manager
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A2014-1133051**

Amount of Each Receipt this Period  
28.89

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	86.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 184 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial) <b>A. JEFFREY W WILLIAMS</b>			Date of Receipt MM / DD / YYYY 05 / 02 / 2014 <b>Transaction ID : A2014-806717</b>		
Mailing Address 7104 CHARDON COURT			Amount of Each Receipt this Period 45.75		
City CLARKSVILLE	State MD	Zip Code 21029			
FEC ID number of contributing federal political committee. C					
Name of Employer Allstate Insurance Company		Occupation Corporate Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 407.70			

Full Name (Last, First, Middle Initial) <b>B. JEFFREY W WILLIAMS</b>			Date of Receipt MM / DD / YYYY 05 / 16 / 2014 <b>Transaction ID : A2014-1098892</b>		
Mailing Address 7104 CHARDON COURT			Amount of Each Receipt this Period 45.75		
City CLARKSVILLE	State MD	Zip Code 21029			
FEC ID number of contributing federal political committee. C					
Name of Employer Allstate Insurance Company		Occupation Corporate Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 453.45			

Full Name (Last, First, Middle Initial) <b>C. JEFFREY W WILLIAMS</b>			Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A2014-1133105</b>		
Mailing Address 7104 CHARDON COURT			Amount of Each Receipt this Period 45.75		
City CLARKSVILLE	State MD	Zip Code 21029			
FEC ID number of contributing federal political committee. C					
Name of Employer Allstate Insurance Company		Occupation Corporate Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 499.20			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	137.25
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 185 OF 202  
(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. THOMAS J WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2024 N. MOHAWK  
 City CHICAGO State IL Zip Code 60614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2336.54

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806795**  
 Amount of Each Receipt this Period  
 265.38

**B. THOMAS J WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2024 N. MOHAWK  
 City CHICAGO State IL Zip Code 60614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2601.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098970**  
 Amount of Each Receipt this Period  
 265.38

**C. THOMAS J WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2024 N. MOHAWK  
 City CHICAGO State IL Zip Code 60614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2867.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133183**  
 Amount of Each Receipt this Period  
 265.38

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 796.14  
**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 186 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. KURT L WINTER**  
 Mailing Address 1403 N. WALNUT  
 City State Zip Code  
 ARLINGTON HGHTS IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-MRK-Regional Marketing  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099031**  
 Amount of Each Receipt this Period  
 22.56

Full Name (Last, First, Middle Initial)  
**B. KURT L WINTER**  
 Mailing Address 1403 N. WALNUT  
 City State Zip Code  
 ARLINGTON HGHTS IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company VP-MRK-Regional Marketing  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 243.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133244**  
 Amount of Each Receipt this Period  
 22.56

Full Name (Last, First, Middle Initial)  
**C. Matthew E Winter**  
 Mailing Address 70 Ferncliff Drive  
 City State Zip Code  
 West Hartford CT 06117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company EVP-PC-Pres Auto Home &  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1578.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806875**  
 Amount of Each Receipt this Period  
 177.69

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 222.81  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 202
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. Matthew E Winter**

Mailing Address 70 Ferncliff Drive

City West Hartford State CT Zip Code 06117

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation EVP-PC-Pres Auto Home &

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1756.15**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A2014-1099049**

Amount of Each Receipt this Period  
**177.69**

Full Name (Last, First, Middle Initial)  
**B. Matthew E Winter**

Mailing Address 70 Ferncliff Drive

City West Hartford State CT Zip Code 06117

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation EVP-PC-Pres Auto Home &

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1933.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A2014-1133262**

Amount of Each Receipt this Period  
**177.69**

Full Name (Last, First, Middle Initial)  
**C. RONALD W WINTER**

Mailing Address 2908 GREY HERON CT.

City JOHNSBURG State IL Zip Code 60051

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company Occupation ATO-Leader-Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.51**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : A2014-1098944**

Amount of Each Receipt this Period  
**21.43**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>376.81</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. RONALD W WINTER**

Mailing Address 2908 GREY HERON CT.

City State Zip Code  
 JOHNSBURG IL 60051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Allstate Insurance Company ATO-Leader-Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 232.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133157**

Amount of Each Receipt this Period  
 21.43

Full Name (Last, First, Middle Initial)  
**B. BRUCE A WOIKE**

Mailing Address 1318 N. CHESTNUT AVE.

City State Zip Code  
 ARLINGTON HTS. IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Allstate Insurance Company Accounting Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 204.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806766**

Amount of Each Receipt this Period  
 22.95

Full Name (Last, First, Middle Initial)  
**C. BRUCE A WOIKE**

Mailing Address 1318 N. CHESTNUT AVE.

City State Zip Code  
 ARLINGTON HTS. IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Allstate Insurance Company Accounting Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 227.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098941**

Amount of Each Receipt this Period  
 22.95

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 67.33

**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 189 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. BRUCE A WOIKE**

Mailing Address 1318 N. CHESTNUT AVE.

City ARLINGTON HTS.      State IL      Zip Code 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company      Occupation Accounting Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.43**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 30 / 2014**  
**Transaction ID : A2014-1133154**

Amount of Each Receipt this Period  
**22.95**

Full Name (Last, First, Middle Initial)  
**B. ANGELA K WOIROL**

Mailing Address 28616 Sky Crest Dr

City Ivanhoe      State IL      Zip Code 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company      Occupation Claims Field Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.10**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 02 / 2014**  
**Transaction ID : A2014-806823**

Amount of Each Receipt this Period  
**41.99**

Full Name (Last, First, Middle Initial)  
**C. ANGELA K WOIROL**

Mailing Address 28616 Sky Crest Dr

City Ivanhoe      State IL      Zip Code 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company      Occupation Claims Field Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **414.09**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 16 / 2014**  
**Transaction ID : A2014-1098997**

Amount of Each Receipt this Period  
**41.99**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **106.93**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 190 OF 202
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. ANGELA K WOIROL**  
Full Name (Last, First, Middle Initial)

Mailing Address 28616 Sky Crest Dr

City Ivanhoe	State IL	Zip Code 60060
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company	Occupation Claims Field Director
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **456.08**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A2014-1133210**

Amount of Each Receipt this Period  

41.99
-------

**B. DAVID E WOOLWINE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1608 W. ROSEHILL DR

City CHICAGO	State IL	Zip Code 60660
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company	Occupation Corp Rel Director
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.01**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : A2014-109829**

Amount of Each Receipt this Period  

21.17
-------

**C. DAVID E WOOLWINE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1608 W. ROSEHILL DR

City CHICAGO	State IL	Zip Code 60660
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Company	Occupation Corp Rel Director
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **229.18**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A2014-1133043**

Amount of Each Receipt this Period  

21.17
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>84.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 202  
(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. FLOYD M YAGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 BIRCH LANE  
 City State Zip Code  
 PARK RIDGE IL 60068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-AP-Chief Data Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 570.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806742**  
 Amount of Each Receipt this Period  
 64.49

**B. FLOYD M YAGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 BIRCH LANE  
 City State Zip Code  
 PARK RIDGE IL 60068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-AP-Chief Data Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 635.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098917**  
 Amount of Each Receipt this Period  
 64.49

**C. FLOYD M YAGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 BIRCH LANE  
 City State Zip Code  
 PARK RIDGE IL 60068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-AP-Chief Data Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 699.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133130**  
 Amount of Each Receipt this Period  
 64.49

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 193.47  
**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 192 OF 202  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
**A. NOEL C YOUNG**

Mailing Address 10936 E. Butherus Drive

City State Zip Code  
Scottsdale AZ 85255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company Senior Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **205.85**

Date of Receipt **05 / 02 / 2014**  
**Transaction ID : A2014-806813**

Amount of Each Receipt this Period **34.60**

Full Name (Last, First, Middle Initial)  
**B. NOEL C YOUNG**

Mailing Address 10936 E. Butherus Drive

City State Zip Code  
Scottsdale AZ 85255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company Senior Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.45**

Date of Receipt **05 / 16 / 2014**  
**Transaction ID : A2014-1098987**

Amount of Each Receipt this Period **34.60**

Full Name (Last, First, Middle Initial)  
**C. NOEL C YOUNG**

Mailing Address 10936 E. Butherus Drive

City State Zip Code  
Scottsdale AZ 85255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company Senior Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **275.05**

Date of Receipt **05 / 30 / 2014**  
**Transaction ID : A2014-1133200**

Amount of Each Receipt this Period **34.60**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **103.80**

**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. PHILLIP C YOUNG**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Allstate Insurance Company Director of Flight Operat  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 219.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098894**  
 Amount of Each Receipt this Period  
 22.12

**B. PHILLIP C YOUNG**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Allstate Insurance Company Director of Flight Operat  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 241.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133107**  
 Amount of Each Receipt this Period  
 22.12

**C. MARY E ZAGORSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2609 N PINE AVE  
 City State Zip Code  
 ARLINGTON HEIGHTS IL 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company PMO Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 391.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806740**  
 Amount of Each Receipt this Period  
 44.26

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.50  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 202
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. MARY E ZAGORSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2609 N PINE AVE  
 City ARLINGTON HEIGHTS State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation PMO Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 435.89

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098915**  
 Amount of Each Receipt this Period  
 44.26

**B. MARY E ZAGORSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2609 N PINE AVE  
 City ARLINGTON HEIGHTS State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation PMO Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.15

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133128**  
 Amount of Each Receipt this Period  
 44.26

**C. PAUL K ZIGTERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 236 SOUTH RIVERSIDE DRIVE  
 City VILLA PARK State IL Zip Code 60181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Insurance Company Occupation Corporate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 213.20

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1098957**  
 Amount of Each Receipt this Period  
 21.45

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	109.97
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 202
	<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. PAUL K ZIGTERMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 SOUTH RIVERSIDE DRIVE

City State Zip Code  
VILLA PARK IL 60181

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.65

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2014  
**Transaction ID : A2014-1133170**

Amount of Each Receipt this Period  
21.45

**B. GERALD L ZIMMERMAN JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 2584 Sutton Lane

City State Zip Code  
AURORA IL 60502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
677.75

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2014  
**Transaction ID : A2014-806804**

Amount of Each Receipt this Period  
76.05

**C. GERALD L ZIMMERMAN JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 2584 Sutton Lane

City State Zip Code  
AURORA IL 60502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allstate Insurance Company Corporate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
753.80

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2014  
**Transaction ID : A2014-1098979**

Amount of Each Receipt this Period  
76.05

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 173.55

**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. GERALD L ZIMMERMAN JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2584 Sutton Lane  
 City State Zip Code  
 AURORA IL 60502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 829.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133192**  
 Amount of Each Receipt this Period  
 76.05

**B. CARLA A ZUNIGA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2189 N. BEAVER CREEK DRIVE  
 City State Zip Code  
 VERNON HILLS IL 60061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ATO-Operations  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 434.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-806840**  
 Amount of Each Receipt this Period  
 49.25

**C. CARLA A ZUNIGA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2189 N. BEAVER CREEK DRIVE  
 City State Zip Code  
 VERNON HILLS IL 60061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ATO-Operations  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 483.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : A2014-1099014**  
 Amount of Each Receipt this Period  
 49.25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 174.55  
**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

**A. CARLA A ZUNIGA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2189 N. BEAVER CREEK DRIVE  
 City State Zip Code  
 VERNON HILLS IL 60061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allstate Insurance Company SVP-ATO-Operations  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 533.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A2014-1133227**  
 Amount of Each Receipt this Period  
 49.25

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	49.25
<b>TOTAL</b> This Period (last page this line number only).....▶	25658.55

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. Fifth Third Bank**

Mailing Address 346 West Carol Lane

City Elmhurst State IL Zip Code 60062

Purpose of Disbursement  
Service Charge

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Not Applicable

Date of Disbursement

/  /

**Transaction ID : B497897**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. Norma Torres for Congress**

Mailing Address 728 W. Edna Place

City Covina State CA Zip Code 91722

Purpose of Disbursement  
Contribution

011

Candidate Name

**Norma Torres**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 35

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	4

**Transaction ID : B496580**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Royce Campaign Committee**

Mailing Address 217 Third Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ed Royce**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	4

**Transaction ID : B496921**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Perlmutter for Congress**

Mailing Address 499 S. Capitol St. SE Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ed Perlmutter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	4

**Transaction ID : B495863**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0


**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Patrick Murphy**

Mailing Address 4521 PGA Boulevard #412

City State Zip Code  
Palm Beach Gardens FL 33418

Purpose of Disbursement  
Contribution

011

Candidate Name

**Patrick Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2014

**Transaction ID : B495860**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Dick Durbin Committee**

Mailing Address 236 Massachusetts Ave. NE Ste. 202

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**Richard J Durbin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2014

**Transaction ID : B496464**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Beatty for Congress**

Mailing Address PO Box 172

City State Zip Code  
Columbus OH 43216

Purpose of Disbursement  
Contribution

011

Candidate Name

**Joyce Beatty**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2014

**Transaction ID : B495861**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. Cantor for Congress**

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Eric I Cantor**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2014

Transaction ID : B497119

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00

**TOTAL** This Period (last page this line number only)..... ▶

11000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

### A. Gary Kelley for Eastern Panhandle Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2014

Mailing Address 724 Lakeview Drive

**Transaction ID : B495517**

City Martinsburg State WV Zip Code 25401

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
P-2014 State House 60 WV

011
Category/ Type

Candidate Name  
**Gary Kelley**

Office Sought:  House  
 Senate  
 President  
State: WV District: 60

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

300.00
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300.00
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