

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

Allstate Insurance Company PAC

ADDRESS (number and street)

2775 Sanders Road Suite A5

☐Check if different
than previously
reported. (ACC)

Northbrook

IL

60062

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00040253

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2008

through

05

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven C. Verney

Signature of Treasurer

Electronically Filed by Steven C. Verney

Date

06

17

2008

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Allstate Insurance Company PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		118846.25
(b) Cash on Hand at Beginning of Reporting Period	121062.94	
(c) Total Receipts (from Line 19)	35667.11	161550.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	156730.05	280396.43
7. Total Disbursements (from Line 31)	41000.43	164666.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	115729.62	115729.62
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	8

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	29346.64	84084.26
(i) Itemized (use Schedule A)	6320.10	76960.42
(ii) Unitemized	35666.74	161044.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	35666.74	161044.68
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	500.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.37	5.50
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	35667.11	161550.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35667.11	161550.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	150.43	816.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	150.43	816.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	95000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	21350.00	68850.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	41000.43	164666.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41000.43	164666.81

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)	35666.74	161044.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35666.74	161044.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	150.43	816.81
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	150.43	316.81

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

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

FOR LINE NUMBER: PAGE 6 / 216

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

REBECCA A ABEL

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 Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

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

Transaction ID: A2008-899130

Amount of Each Receipt this Period

21.80

B.

Full Name (Last, First, Middle Initial)

REBECCA A ABEL

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 Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.80

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-978017

Amount of Each Receipt this Period

21.80

C.

Full Name (Last, First, Middle Initial)

ERNEST D ADAMS

Mailing Address 33934 N TREELINE CT

City

GAGES LAKE

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.94

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977736

Amount of Each Receipt this Period

19.44

SUBTOTAL of Receipts This Page (optional)

63.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JONES G ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City

LAKE VILLA

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.65

Date of Receipt

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

Transaction ID: A2008-899056

Amount of Each Receipt this Period

32.38

B.

Full Name (Last, First, Middle Initial)

JONES G ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City

LAKE VILLA

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977940

Amount of Each Receipt this Period

32.38

C.

Full Name (Last, First, Middle Initial)

LORA L ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City

LAKE VILLA

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.50

Date of Receipt

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

Transaction ID: A2008-899116

Amount of Each Receipt this Period

32.55

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 8 / 216

(check only one)

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

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

LORAL A DUKEH

Mailing Address 1226 RIDGEWOOD LANE

City

LAKE VILLA

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-978002

Amount of Each Receipt this Period

32.55

B.

Full Name (Last, First, Middle Initial)

PATRICIA A AITKEN

Mailing Address 1245 CARIBOU LANE

City

HOFFMAN ESTATES

State

IL

Zip Code

60192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.60

Date of Receipt

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

Transaction ID: A2008-898888

Amount of Each Receipt this Period

22.20

C.

Full Name (Last, First, Middle Initial)

PATRICIA A AITKEN

Mailing Address 1245 CARIBOU LANE

City

HOFFMAN ESTATES

State

IL

Zip Code

60192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977769

Amount of Each Receipt this Period

22.20

SUBTOTAL of Receipts This Page (optional)

76.95

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 9 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT S ALLEN

Mailing Address 244 ELM ROAD

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.40

Date of Receipt

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

Transaction ID: A2008-898769

Amount of Each Receipt this Period

30.05

B.

Full Name (Last, First, Middle Initial)

ROBERT S ALLEN

Mailing Address 244 ELM ROAD

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.45

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977648

Amount of Each Receipt this Period

30.05

C.

Full Name (Last, First, Middle Initial)

JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City

GRAYS LAKE

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP Enterprise Infrastruct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.55

Date of Receipt

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

Transaction ID: A2008-898740

Amount of Each Receipt this Period

70.78

SUBTOTAL of Receipts This Page (optional)

130.88

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City

GRAYS LAKE

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP Enterprise Infrastruct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

763.33

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977618

Amount of Each Receipt this Period

70.78

B.

Full Name (Last, First, Middle Initial)

CHARLES C BAGGS

Mailing Address 4435 SWILCAN BRIDGE LANE N

City

JACKSONVILLE

State

FL

Zip Code

32224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP-Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.65

Date of Receipt

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

Transaction ID: A2008-898831

Amount of Each Receipt this Period

31.78

C.

Full Name (Last, First, Middle Initial)

CHARLES C BAGGS

Mailing Address 4435 SWILCAN BRIDGE LANE N

City

JACKSONVILLE

State

FL

Zip Code

32224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP-Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.43

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977711

Amount of Each Receipt this Period

31.78

SUBTOTAL of Receipts This Page (optional)

134.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DIANE G BAKER

Mailing Address 120 EAST SHERIDAN RD

City

LAKE BLUFF

State

IL

Zip Code

60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP-PRODUCT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.41

Date of Receipt

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

Transaction ID: A2008-898827

Amount of Each Receipt this Period

51.59

B.

Full Name (Last, First, Middle Initial)

DIANE G BAKER

Mailing Address 120 EAST SHERIDAN RD

City

LAKE BLUFF

State

IL

Zip Code

60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP-PRODUCT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977706

Amount of Each Receipt this Period

51.59

C.

Full Name (Last, First, Middle Initial)

ALEXANDRA BALATSOUKAS

Mailing Address 992 WEEPING WAY LANE

City

AVON

State

IN

Zip Code

46123

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 ▼

263.80

Date of Receipt

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

Transaction ID: A2008-899030

Amount of Each Receipt this Period

26.90

SUBTOTAL of Receipts This Page (optional)

130.08

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 12 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ALEXANDRA BALATSOUKAS

Mailing Address 992 WEEPING WAY LANE

City

AVON

State

IN

Zip Code

46123

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 ▼

290.70

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977913

Amount of Each Receipt this Period

26.90

B.

Full Name (Last, First, Middle Initial)

GARRY J BALLEK

Mailing Address 1013 MASON LANE

City

LAKE IN THE HIL

State

IL

Zip Code

60156

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Unclassified Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.92

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977836

Amount of Each Receipt this Period

19.17

C.

Full Name (Last, First, Middle Initial)

WILLIAM P BALLINGER

Mailing Address 47530 ABERDEEN DR

City

NOVI

State

MI

Zip Code

48374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

FVP President New Jersey

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.55

Date of Receipt

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

Transaction ID: A2008-898806

Amount of Each Receipt this Period

34.99

SUBTOTAL of Receipts This Page (optional)

81.06

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 13 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

WILLIAM P BALLINGER

Mailing Address 47530 ABERDEEN DR

City

NOVI

State

MI

Zip Code

48374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

FVP President New Jersey

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.54

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977685

Amount of Each Receipt this Period

34.99

B.

Full Name (Last, First, Middle Initial)

ROBERT H BARGE III

Mailing Address 2222 LOCH WAY

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

Vice President Field

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.10

Date of Receipt

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

Transaction ID: A2008-899129

Amount of Each Receipt this Period

68.44

C.

Full Name (Last, First, Middle Initial)

ROBERT H BARGE III

Mailing Address 2222 LOCH WAY

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

Vice President Field

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.54

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-978016

Amount of Each Receipt this Period

68.44

SUBTOTAL of Receipts This Page (optional)

171.87

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT K BECKER

Mailing Address 80 RAVINE DRIVE

City

COLONIA

State

NJ

Zip Code

07067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.66

Date of Receipt

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

Transaction ID: A2008-898758

Amount of Each Receipt this Period

22.09

B.

Full Name (Last, First, Middle Initial)

ROBERT K BECKER

Mailing Address 80 RAVINE DRIVE

City

COLONIA

State

NJ

Zip Code

07067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.75

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977637

Amount of Each Receipt this Period

22.09

C.

Full Name (Last, First, Middle Initial)

CANDICE L BEINLICH

Mailing Address 1781 TUDOR LANE # 309

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.53

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977792

Amount of Each Receipt this Period

19.13

SUBTOTAL of Receipts This Page (optional)

63.31

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 15 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DIANE BELLAS

Mailing Address 632 Concord Way

City

Prospect Heights

State

IL

Zip Code

60070

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 ▼

248.70

Date of Receipt

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

Transaction ID: A2008-898916

Amount of Each Receipt this Period

25.36

B.

Full Name (Last, First, Middle Initial)

DIANE BELLAS

Mailing Address 632 Concord Way

City

Prospect Heights

State

IL

Zip Code

60070

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 ▼

274.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977797

Amount of Each Receipt this Period

25.36

C.

Full Name (Last, First, Middle Initial)

WALTER A BERKOWICZ

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

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.20

Date of Receipt

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

Transaction ID: A2008-898990

Amount of Each Receipt this Period

32.68

SUBTOTAL of Receipts This Page (optional)

83.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

WALTER A BERKOWICZ

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

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.88

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977873

Amount of Each Receipt this Period

32.68

B.

Full Name (Last, First, Middle Initial)

EDWARD A BIEMER

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

VP and President Broker D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.20

Date of Receipt

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

Transaction ID: A2008-898777

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

EDWARD A BIEMER

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

VP and President Broker D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.20

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977656

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

112.68

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 17 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DAVID G BIEMILLER

Mailing Address 480 LEES LAKE RD

City

FAYETTEVILLE

State

GA

Zip Code

30214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977724

Amount of Each Receipt this Period

19.76

B.

Full Name (Last, First, Middle Initial)

DAVID A BIRD

Mailing Address 24567 HARBOUR VIEW DRIVE

City

PONTE VEDRA BEA

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

President-Allstate Workpl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.80

Date of Receipt

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

Transaction ID: A2008-899059

Amount of Each Receipt this Period

39.36

C.

Full Name (Last, First, Middle Initial)

DAVID A BIRD

Mailing Address 24567 HARBOUR VIEW DRIVE

City

PONTE VEDRA BEA

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

President-Allstate Workpl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977943

Amount of Each Receipt this Period

39.36

SUBTOTAL of Receipts This Page (optional)

98.48

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT L 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

Vice President Investor R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.15

Date of Receipt

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

Transaction ID: A2008-899046

Amount of Each Receipt this Period

61.41

B.

Full Name (Last, First, Middle Initial)

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

Vice President Investor R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.56

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977930

Amount of Each Receipt this Period

61.41

C.

Full Name (Last, First, Middle Initial)

CHARLES A BOLLINGER

Mailing Address 509 GATES HEAD SOUTH

City

ELK GROVE VLLGE

State

IL

Zip Code

60007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Sales Agen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

493.80

Date of Receipt

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

Transaction ID: A2008-898870

Amount of Each Receipt this Period

50.30

SUBTOTAL of Receipts This Page (optional)

173.12

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 19 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CHARLES A BOLLINGER

Mailing Address 509 GATES HEAD SOUTH

City State Zip Code
ELK GROVE VLLGE IL 60007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Sales Agen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977750

Amount of Each Receipt this Period

50.30

B.

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

Mailing Address 5550 Maybeck Ln

City State Zip Code
Livermore CA 94550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.94

Date of Receipt

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

Transaction ID: A2008-899126

Amount of Each Receipt this Period

29.10

C.

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

Mailing Address 5550 Maybeck Ln

City State Zip Code
Livermore CA 94550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.77

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-978013

Amount of Each Receipt this Period

32.83

SUBTOTAL of Receipts This Page (optional)

112.23

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 20 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL B BOYLE

Mailing Address 1063 CHERRY STREET

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Info Techn

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

748.45

Date of Receipt

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

Transaction ID: A2008-898810

Amount of Each Receipt this Period

75.77

B.

Full Name (Last, First, Middle Initial)

MICHAEL B BOYLE

Mailing Address 1063 CHERRY STREET

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Info Techn

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

824.22

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977689

Amount of Each Receipt this Period

75.77

C.

Full Name (Last, First, Middle Initial)

LONDON B BRADLEY

Mailing Address 1951 BROADSMORE

City

ALGONQUIN

State

IL

Zip Code

60102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Market Distribution Leade

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

298.15

Date of Receipt

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

Transaction ID: A2008-899093

Amount of Each Receipt this Period

30.54

SUBTOTAL of Receipts This Page (optional)

182.08

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 21 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

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

Mailing Address 1951 BROADSMORE

City State Zip Code
ALGONQUIN IL 60102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.69

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977978

Amount of Each Receipt this Period

30.54

B.

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

Mailing Address 28955 NIBLICK KNOLL CT.

City State Zip Code
IVANHOE IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.95

Date of Receipt

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

Transaction ID: A2008-899062

Amount of Each Receipt this Period

21.71

C.

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

Mailing Address 28955 NIBLICK KNOLL CT.

City State Zip Code
IVANHOE IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.66

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977946

Amount of Each Receipt this Period

21.71

SUBTOTAL of Receipts This Page (optional)

73.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JEFFREY P BRASK

Mailing Address 21285 S. BOSCHOME CIRCLE

City

KILDEER

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 ▼

218.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977821

Amount of Each Receipt this Period

19.88

B.

Full Name (Last, First, Middle Initial)

DUDLEY R BRIGHT

Mailing Address 18135 W MEANDER DR

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.41

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977673

Amount of Each Receipt this Period

18.91

C.

Full Name (Last, First, Middle Initial)

SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City

LAKE ZURICH

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.09

Date of Receipt

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

Transaction ID: A2008-898927

Amount of Each Receipt this Period

41.75

SUBTOTAL of Receipts This Page (optional)

80.54

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 23 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

Mailing Address 1044 APPLE BLOSSOM COURT

City	State	Zip Code
LAKE ZURICH	IL	60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977808

Amount of Each Receipt this Period

41.75

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

Mailing Address 305 CHURCHILL LANE

City	State	Zip Code
GURNEE	IL	60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.60

Date of Receipt

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

Transaction ID: A2008-898818

Amount of Each Receipt this Period

35.51

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

Mailing Address 305 CHURCHILL LANE

City	State	Zip Code
GURNEE	IL	60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977697

Amount of Each Receipt this Period

35.51

SUBTOTAL of Receipts This Page (optional)

112.77

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 24 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

Mailing Address 3 MILTON CT

City	State	Zip Code
CARY	IL	60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977802

Amount of Each Receipt this Period

19.88

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

Mailing Address 2637 W. WILSON AVE.

City	State	Zip Code
CHICAGO	IL	60625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.97

Date of Receipt

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

Transaction ID: A2008-898873

Amount of Each Receipt this Period

19.88

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

Mailing Address 2637 W. WILSON AVE.

City	State	Zip Code
CHICAGO	IL	60625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977754

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

59.64

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 25 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL E BROWN

Mailing Address 8739 CYPRESS RESERVE CIRCLE

City

ORLANDO

State

FL

Zip Code

32836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Agency Consulting Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.96

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977657

Amount of Each Receipt this Period

18.51

B.

Full Name (Last, First, Middle Initial)

PAMELA S BROWN

Mailing Address 5886 TEAL LANE

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977907

Amount of Each Receipt this Period

19.88

C.

Full Name (Last, First, Middle Initial)

CATHERINE S BRUNE

Mailing Address 190 SAVANNA CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

SVP & Chief Information O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1782.70

Date of Receipt

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

Transaction ID: A2008-898830

Amount of Each Receipt this Period

183.46

SUBTOTAL of Receipts This Page (optional)

221.85

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 26 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

CATHERINE S BRUNE

Mailing Address 190 SAVANNA CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

SVP & Chief Information O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1966.16

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977710

Amount of Each Receipt this Period

183.46

B.

Full Name (Last, First, Middle Initial)

ANNE MARIE L BRUNNER

Mailing Address 2514 SOUTH WESLEY AVE

City

BERWYN

State

IL

Zip Code

60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.70

Date of Receipt

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

Transaction ID: A2008-898923

Amount of Each Receipt this Period

35.59

C.

Full Name (Last, First, Middle Initial)

ANNE MARIE L BRUNNER

Mailing Address 2514 SOUTH WESLEY AVE

City

BERWYN

State

IL

Zip Code

60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.29

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977804

Amount of Each Receipt this Period

35.59

SUBTOTAL of Receipts This Page (optional)

254.64

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 27 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOHN C BRUSE

Mailing Address 1434 WOODACRE DRIVE

City

MC LEAN

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & Ast Gene

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

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

Transaction ID: A2008-899107

Amount of Each Receipt this Period

36.36

B.

Full Name (Last, First, Middle Initial)

JOHN C BRUSE

Mailing Address 1434 WOODACRE DRIVE

City

MC LEAN

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & Ast Gene

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977992

Amount of Each Receipt this Period

36.36

C.

Full Name (Last, First, Middle Initial)

DAVID N BUGGS

Mailing Address 12234 85TH AVE

City

PLEASANT PR

State

WI

Zip Code

53158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.40

Date of Receipt

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

Transaction ID: A2008-899047

Amount of Each Receipt this Period

32.14

SUBTOTAL of Receipts This Page (optional)

104.86

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 28 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DAVID N BUGGS

Mailing Address 12234 85TH AVE

City

PLEASANT PR

State

WI

Zip Code

53158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.54

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977931

Amount of Each Receipt this Period

32.14

B.

Full Name (Last, First, Middle Initial)

KAREN E BURCKHARDT

Mailing Address 730 E. HAWTHORNE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP-Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.80

Date of Receipt

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

Transaction ID: A2008-899045

Amount of Each Receipt this Period

42.50

C.

Full Name (Last, First, Middle Initial)

KAREN E BURCKHARDT

Mailing Address 730 E. HAWTHORNE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP-Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977929

Amount of Each Receipt this Period

42.50

SUBTOTAL of Receipts This Page (optional)

117.14

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 29 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

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

Mailing Address 2000 N. BROADMOOR LANE

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.08

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977662

Amount of Each Receipt this Period

20.93

B.

Full Name (Last, First, Middle Initial)
PEGGY BURROWS

Mailing Address 2628 HALSEY DRIVE

City State Zip Code
FLOWER MOUND TX 75028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.30

Date of Receipt

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

Transaction ID: A2008-899074

Amount of Each Receipt this Period

28.43

C.

Full Name (Last, First, Middle Initial)
PEGGY BURROWS

Mailing Address 2628 HALSEY DRIVE

City State Zip Code
FLOWER MOUND TX 75028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.73

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977958

Amount of Each Receipt this Period

28.43

SUBTOTAL of Receipts This Page (optional)

77.79

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 30 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

CECILE A BUTLER

Mailing Address 9309 ELIZABETH LANE

City

SPRING GROVE

State

IL

Zip Code

60081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.35

Date of Receipt

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

Transaction ID: A2008-898729

Amount of Each Receipt this Period

89.71

B.

Full Name (Last, First, Middle Initial)

CECILE A BUTLER

Mailing Address 9309 ELIZABETH LANE

City

SPRING GROVE

State

IL

Zip Code

60081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

972.06

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977606

Amount of Each Receipt this Period

89.71

C.

Full Name (Last, First, Middle Initial)

D C BUTLER III

Mailing Address 15430 WHITE COLUMNS DRIVE

City

ALPHARETTA

State

GA

Zip Code

30004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.85

Date of Receipt

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

Transaction ID: A2008-898828

Amount of Each Receipt this Period

54.84

SUBTOTAL of Receipts This Page (optional)

234.26

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 31 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

D C BUTLER III

Mailing Address 15430 WHITE COLUMNS DRIVE

City

ALPHARETTA

State

GA

Zip Code

30004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.69

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977708

Amount of Each Receipt this Period

54.84

B.

Full Name (Last, First, Middle Initial)

DEBORAH K CAMPBELL

Mailing Address 21863 NORTH TALL OAKS COURT

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

614.65

Date of Receipt

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

Transaction ID: A2008-899031

Amount of Each Receipt this Period

62.52

C.

Full Name (Last, First, Middle Initial)

DEBORAH K CAMPBELL

Mailing Address 21863 NORTH TALL OAKS COURT

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

677.17

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977914

Amount of Each Receipt this Period

62.52

SUBTOTAL of Receipts This Page (optional)

179.88

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

IRIS M CHESTER

Mailing Address 643 ST GEORGE CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.55

Date of Receipt

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

Transaction ID: A2008-899055

Amount of Each Receipt this Period

23.97

B.

Full Name (Last, First, Middle Initial)

IRIS M CHESTER

Mailing Address 643 ST GEORGE CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977939

Amount of Each Receipt this Period

23.97

C.

Full Name (Last, First, Middle Initial)

VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Communication Senior Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.40

Date of Receipt

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

Transaction ID: A2008-898998

Amount of Each Receipt this Period

20.43

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 33 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Communication Senior Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.83

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977881

Amount of Each Receipt this Period

20.43

B.

Full Name (Last, First, Middle Initial)

SCOTT M CHRISTENSEN

Mailing Address 20713 LEXINGTON LANE

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.15

Date of Receipt

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

Transaction ID: A2008-898980

Amount of Each Receipt this Period

37.99

C.

Full Name (Last, First, Middle Initial)

SCOTT M CHRISTENSEN

Mailing Address 20713 LEXINGTON LANE

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.14

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977863

Amount of Each Receipt this Period

37.99

SUBTOTAL of Receipts This Page (optional)

96.41

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

EDWARD T CLARK

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

Regional Marketing Manage

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.75

Date of Receipt

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

Transaction ID: A2008-899007

Amount of Each Receipt this Period

24.21

B.

Full Name (Last, First, Middle Initial)

EDWARD T CLARK

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

Regional Marketing Manage

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.96

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977890

Amount of Each Receipt this Period

24.21

C.

Full Name (Last, First, Middle Initial)

MARK P CLOGHESSY

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

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.50

Date of Receipt

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

Transaction ID: A2008-898863

Amount of Each Receipt this Period

34.33

SUBTOTAL of Receipts This Page (optional)

82.75

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MARK P CLOGHESSY

Mailing Address 4343 LAWN AVE

City

WESTERN SPRINGS

State

IL

Zip Code

60558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Managing Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

371.83

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977743

Amount of Each Receipt this Period

34.33

B.

Full Name (Last, First, Middle Initial)

DEBORAH L CLOUSER

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

Senior Field Corporate Re

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

285.45

Date of Receipt

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

Transaction ID: A2008-899005

Amount of Each Receipt this Period

29.26

C.

Full Name (Last, First, Middle Initial)

DEBORAH L CLOUSER

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

Senior Field Corporate Re

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

314.71

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977888

Amount of Each Receipt this Period

29.26

SUBTOTAL of Receipts This Page (optional)

92.85

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

LISA D COCHRANE

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

Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.35

Date of Receipt

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

Transaction ID: A2008-898966

Amount of Each Receipt this Period

33.05

B.

Full Name (Last, First, Middle Initial)

LISA D COCHRANE

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

Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.40

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977849

Amount of Each Receipt this Period

33.05

C.

Full Name (Last, First, Middle Initial)

EDWARD T COLLINS

Mailing Address 809 DUNHILL COURT

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.88

Date of Receipt

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

Transaction ID: A2008-898912

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

105.87

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

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

Mailing Address 809 DUNHILL COURT

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977793

Amount of Each Receipt this Period

39.77

B.

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

Mailing Address 4516 LINS COTT AVE

City State Zip Code
DOWNERS GROVE IL 60515

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 ▼

206.42

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977833

Amount of Each Receipt this Period

19.02

C.

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

Mailing Address 1609 SYRACUSE LN.

City State Zip Code
SCHAUMBURG IL 60193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.15

Date of Receipt

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

Transaction ID: A2008-898970

Amount of Each Receipt this Period

30.40

SUBTOTAL of Receipts This Page (optional)

89.19

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 38 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL P COOGAN

Mailing Address 1609 SYRACUSE LN.

City

SCHAUMBURG

State

IL

Zip Code

60193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.55

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977853

Amount of Each Receipt this Period

30.40

B.

Full Name (Last, First, Middle Initial)

RONALD L CORBIN

Mailing Address 14 Portrush Place

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

671.85

Date of Receipt

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

Transaction ID: A2008-899069

Amount of Each Receipt this Period

67.52

C.

Full Name (Last, First, Middle Initial)

RONALD L CORBIN

Mailing Address 14 Portrush Place

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

739.37

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977953

Amount of Each Receipt this Period

67.52

SUBTOTAL of Receipts This Page (optional)

165.44

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 39 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

THOMAS J CREAGH

Mailing Address 4008 NORTH HIGHLAND AVENUE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.69

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977639

Amount of Each Receipt this Period

19.79

B.

Full Name (Last, First, Middle Initial)

WILLIAM G CRIMMINS

Mailing Address 218 S KASPAR

City

ARLINGTON HGTS.

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.80

Date of Receipt

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

Transaction ID: A2008-898871

Amount of Each Receipt this Period

73.84

C.

Full Name (Last, First, Middle Initial)

WILLIAM G CRIMMINS

Mailing Address 218 S KASPAR

City

ARLINGTON HGTS.

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

794.64

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977752

Amount of Each Receipt this Period

73.84

SUBTOTAL of Receipts This Page (optional)

167.47

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 40 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

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

Mailing Address 277 N. BILTMORE DRIVE

City State Zip Code
N. BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
GVP-Product Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

831.95

Date of Receipt

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

Transaction ID: A2008-898865

Amount of Each Receipt this Period

85.62

B.

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

Mailing Address 277 N. BILTMORE DRIVE

City State Zip Code
N. BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
GVP-Product Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

917.57

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977745

Amount of Each Receipt this Period

85.62

C.

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

Mailing Address 14 CARDINAL DRIVE

City State Zip Code
PRINCETON JUNCT NJ 08550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.75

Date of Receipt

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

Transaction ID: A2008-898789

Amount of Each Receipt this Period

69.12

SUBTOTAL of Receipts This Page (optional)

240.36

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 41 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

RICHARD C CRIST JR

Mailing Address 14 CARDINAL DRIVE

City

PRINCETON JUNCT

State

NJ

Zip Code

08550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.87

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977668

Amount of Each Receipt this Period

69.12

B.

Full Name (Last, First, Middle Initial)

WILLIAM DALY

Mailing Address 22425 N LINDEN DR.

City

BARRINGTON

State

IL

Zip Code

60010

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 ▼

413.55

Date of Receipt

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

Transaction ID: A2008-898776

Amount of Each Receipt this Period

42.56

C.

Full Name (Last, First, Middle Initial)

WILLIAM DALY

Mailing Address 22425 N LINDEN DR.

City

BARRINGTON

State

IL

Zip Code

60010

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 ▼

456.11

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977655

Amount of Each Receipt this Period

42.56

SUBTOTAL of Receipts This Page (optional)

154.24

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 42 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

Mailing Address 1020 Pleasant Street #1

City	State	Zip Code
Oak Park	IL	60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.95

Date of Receipt

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

Transaction ID: A2008-898817

Amount of Each Receipt this Period

36.32

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

Mailing Address 1020 Pleasant Street #1

City	State	Zip Code
Oak Park	IL	60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977696

Amount of Each Receipt this Period

36.32

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

Mailing Address 5 COURT OF HIDDEN WELLS

City	State	Zip Code
NORTHBROOK	IL	60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.75

Date of Receipt

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

Transaction ID: A2008-898918

Amount of Each Receipt this Period

34.37

SUBTOTAL of Receipts This Page (optional)

107.01

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 43 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

SAM DE FRANK

Mailing Address 5 COURT OF HIDDEN WELLS

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.12

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977799

Amount of Each Receipt this Period

34.37

B.

Full Name (Last, First, Middle Initial)

RANDAL S DECOURSEY

Mailing Address 6710 BLUE RIDGE LANE

City

LINCOLN

State

NE

Zip Code

68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977796

Amount of Each Receipt this Period

32.10

C.

Full Name (Last, First, Middle Initial)

STEVEN J DEGNAN-SCHMIDT

Mailing Address 1320 MULBERRY LN.

City

CARY

State

IL

Zip Code

60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.30

Date of Receipt

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

Transaction ID: A2008-898850

Amount of Each Receipt this Period

36.61

SUBTOTAL of Receipts This Page (optional)

103.08

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 44 / 216

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

STEVEN J DEGNAN-SCHMIDT

Mailing Address 1320 MULBERRY LN.

City

CARY

State

IL

Zip Code

60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977730

Amount of Each Receipt this Period

36.61

B.

Full Name (Last, First, Middle Initial)

JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Specialty Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.35

Date of Receipt

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

Transaction ID: A2008-899021

Amount of Each Receipt this Period

54.05

C.

Full Name (Last, First, Middle Initial)

JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Specialty Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977903

Amount of Each Receipt this Period

54.05

SUBTOTAL of Receipts This Page (optional)

144.71

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 45 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

LORI A DESCH

Mailing Address 5 TREGONWELL COURT

City

ALGONQUIN

State

IL

Zip Code

60102

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 ▼

326.00

Date of Receipt

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

Transaction ID: A2008-898842

Amount of Each Receipt this Period

33.55

B.

Full Name (Last, First, Middle Initial)

LORI A DESCH

Mailing Address 5 TREGONWELL COURT

City

ALGONQUIN

State

IL

Zip Code

60102

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 ▼

359.55

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977722

Amount of Each Receipt this Period

33.55

C.

Full Name (Last, First, Middle Initial)

LEO DISHEL

Mailing Address 340 E 74TH ST APT 6C

City

NEW YORK

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

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

Transaction ID: A2008-898757

Amount of Each Receipt this Period

20.50

SUBTOTAL of Receipts This Page (optional)

87.60

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 46 / 216

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

LEO DISHEL

Mailing Address 340 E 74TH ST APT 6C

City

NEW YORK

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977636

Amount of Each Receipt this Period

20.50

B.

Full Name (Last, First, Middle Initial)

SARAH R DONAHUE

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

AVP Northbrook/Glenbrook

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.50

Date of Receipt

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

Transaction ID: A2008-898997

Amount of Each Receipt this Period

57.35

C.

Full Name (Last, First, Middle Initial)

SARAH R DONAHUE

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

AVP Northbrook/Glenbrook

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

623.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977880

Amount of Each Receipt this Period

57.35

SUBTOTAL of Receipts This Page (optional)

135.20

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 47 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PHILIP J DORN

Mailing Address 12 SAINT JOHN DRIVE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Investor Relations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977996

Amount of Each Receipt this Period

19.88

B.

Full Name (Last, First, Middle Initial)

DANIEL C DRESSEL

Mailing Address 1706 ADLER LANE

City

MALVERN

State

PA

Zip Code

19355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977671

Amount of Each Receipt this Period

19.88

C.

Full Name (Last, First, Middle Initial)

TIMOTHY R DUGAN

Mailing Address 3220 SANDY LANE

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.15

Date of Receipt

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

Transaction ID: A2008-899101

Amount of Each Receipt this Period

30.98

SUBTOTAL of Receipts This Page (optional)

70.74

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
TIMOTHY R DUGAN

Mailing Address 3220 SANDY LANE

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.13

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977986

Amount of Each Receipt this Period

30.98

B.

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

Mailing Address 1810 BALMORAL AVE

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Strategy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.85

Date of Receipt

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

Transaction ID: A2008-898983

Amount of Each Receipt this Period

23.18

C.

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

Mailing Address 1810 BALMORAL AVE

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Strategy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.03

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977866

Amount of Each Receipt this Period

23.18

SUBTOTAL of Receipts This Page (optional)

77.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DANIEL P DURBIN

Mailing Address 1311 SOUTH WALNUT AVE.

City

ARLINGTON HTS.

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AF Operations Dept Mgr

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.55

Date of Receipt

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

Transaction ID: A2008-899003

Amount of Each Receipt this Period

28.81

B.

Full Name (Last, First, Middle Initial)

DANIEL P DURBIN

Mailing Address 1311 SOUTH WALNUT AVE.

City

ARLINGTON HTS.

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AF Operations Dept Mgr

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.36

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977886

Amount of Each Receipt this Period

28.81

C.

Full Name (Last, First, Middle Initial)

SHEILA A ECKHOFF

Mailing Address 211 N ERIE ST

City

WHEATON

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Frontline Performance Lea

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.24

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977764

Amount of Each Receipt this Period

19.34

SUBTOTAL of Receipts This Page (optional)

76.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

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

Mailing Address 1085 FOREST HILL RD.

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Marketing Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

604.50

Date of Receipt

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

Transaction ID: A2008-898759

Amount of Each Receipt this Period

60.90

B.

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

Mailing Address 1085 FOREST HILL RD.

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Marketing Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.40

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977638

Amount of Each Receipt this Period

60.90

C.

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

Mailing Address 10323 TRUMBULL AVE

City State Zip Code
CHICAGO IL 60655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.85

Date of Receipt

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

Transaction ID: A2008-899012

Amount of Each Receipt this Period

36.08

SUBTOTAL of Receipts This Page (optional)

157.88

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 51 / 216

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

KATHLEEN N ENRIGHT

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

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.93

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977895

Amount of Each Receipt this Period

36.08

B.

Full Name (Last, First, Middle Initial)

MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Finance Innovation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

514.35

Date of Receipt

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

Transaction ID: A2008-898742

Amount of Each Receipt this Period

52.69

C.

Full Name (Last, First, Middle Initial)

MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Finance Innovation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977621

Amount of Each Receipt this Period

52.69

SUBTOTAL of Receipts This Page (optional)

141.46

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 52 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

RICHARD B ESPINOZA

Mailing Address 673 HASTINGS ROAD

City

WHEELING

State

IL

Zip Code

60090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Unclassified Sr Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.40

Date of Receipt

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

Transaction ID: A2008-898934

Amount of Each Receipt this Period

32.26

B.

Full Name (Last, First, Middle Initial)

RICHARD B ESPINOZA

Mailing Address 673 HASTINGS ROAD

City

WHEELING

State

IL

Zip Code

60090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Unclassified Sr Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.66

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977815

Amount of Each Receipt this Period

32.26

C.

Full Name (Last, First, Middle Initial)

THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.15

Date of Receipt

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

Transaction ID: A2008-898774

Amount of Each Receipt this Period

42.94

SUBTOTAL of Receipts This Page (optional)

107.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.09

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977653

Amount of Each Receipt this Period

42.94

B.

Full Name (Last, First, Middle Initial)

DOROTHY EVEN

Mailing Address 1130 KEYSTONE AVENUE

City

RIVER FOREST

State

IL

Zip Code

60305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

827.55

Date of Receipt

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

Transaction ID: A2008-898910

Amount of Each Receipt this Period

83.70

C.

Full Name (Last, First, Middle Initial)

DOROTHY EVEN

Mailing Address 1130 KEYSTONE AVENUE

City

RIVER FOREST

State

IL

Zip Code

60305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

911.25

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977791

Amount of Each Receipt this Period

83.70

SUBTOTAL of Receipts This Page (optional)

210.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

KATHRYN L FABYAN

Mailing Address 21209 WEST YORKSHIRE DRIVE

City

KILDEER

State

IL

Zip Code

60049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.15

Date of Receipt

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

Transaction ID: A2008-899054

Amount of Each Receipt this Period

38.98

B.

Full Name (Last, First, Middle Initial)

KATHRYN L FABYAN

Mailing Address 21209 WEST YORKSHIRE DRIVE

City

KILDEER

State

IL

Zip Code

60049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977938

Amount of Each Receipt this Period

38.98

C.

Full Name (Last, First, Middle Initial)

GORDON S FALKNOR

Mailing Address 703 E CHERRY LN

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.25

Date of Receipt

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

Transaction ID: A2008-898931

Amount of Each Receipt this Period

48.06

SUBTOTAL of Receipts This Page (optional)

126.02

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 55 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

GORDON S FALKNOR

Mailing Address 703 E CHERRY LN

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.31

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977812

Amount of Each Receipt this Period

48.06

B.

Full Name (Last, First, Middle Initial)

CAROLYN A FILIPOVIC

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

Senior Regional Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.60

Date of Receipt

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

Transaction ID: A2008-899034

Amount of Each Receipt this Period

26.57

C.

Full Name (Last, First, Middle Initial)

CAROLYN A FILIPOVIC

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

Senior Regional Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.17

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977917

Amount of Each Receipt this Period

26.57

SUBTOTAL of Receipts This Page (optional)

101.20

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 56 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

STEVEN FINE

Mailing Address 40375 N. SEA EAGLE CT

City

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 ▼

252.10

Date of Receipt

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

Transaction ID: A2008-898781

Amount of Each Receipt this Period

25.52

B.

Full Name (Last, First, Middle Initial)

STEVEN FINE

Mailing Address 40375 N. SEA EAGLE CT

City

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 ▼

277.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977660

Amount of Each Receipt this Period

25.52

C.

Full Name (Last, First, Middle Initial)

DARYLL D FLETCHER

Mailing Address 22256 W MASHI 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-KNOWLEDGE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.70

Date of Receipt

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

Transaction ID: A2008-898902

Amount of Each Receipt this Period

28.45

SUBTOTAL of Receipts This Page (optional)

79.49

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 57 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DARYLL D FLETCHER

Mailing Address 22256 W MASHI 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-KNOWLEDGE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977783

Amount of Each Receipt this Period

28.45

B.

Full Name (Last, First, Middle Initial)

KELLY F FOGARTY

Mailing Address 613 REX

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Specialty Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.20

Date of Receipt

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

Transaction ID: A2008-898926

Amount of Each Receipt this Period

38.56

C.

Full Name (Last, First, Middle Initial)

KELLY F FOGARTY

Mailing Address 613 REX

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Specialty Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977807

Amount of Each Receipt this Period

38.56

SUBTOTAL of Receipts This Page (optional)

105.57

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 58 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PATRICIA W FRIDLEY

Mailing Address 945 Shermer Road

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.79

Date of Receipt

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

Transaction ID: A2008-898854

Amount of Each Receipt this Period

74.31

B.

Full Name (Last, First, Middle Initial)

PATRICIA W FRIDLEY

Mailing Address 945 Shermer Road

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

743.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977734

Amount of Each Receipt this Period

74.31

C.

Full Name (Last, First, Middle Initial)

MATTHEW D FULLER

Mailing Address 350 EDGE FIELD LANE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.70

Date of Receipt

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

Transaction ID: A2008-898853

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

188.39

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 59 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

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

Mailing Address 350 EDGE FIELD LANE

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.47

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977733

Amount of Each Receipt this Period

39.77

B.

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

Mailing Address 22255 MASHIE CT

City State Zip Code
IVANHOE IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.25

Date of Receipt

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

Transaction ID: A2008-898791

Amount of Each Receipt this Period

29.67

C.

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

Mailing Address 22255 MASHIE CT

City State Zip Code
IVANHOE IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.92

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977670

Amount of Each Receipt this Period

29.67

SUBTOTAL of Receipts This Page (optional)

99.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

VINCENT A FUSCO

Mailing Address 6 SUGAR MAPLE COURT

City

DIX HILLS

State

NY

Zip Code

11746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.70

Date of Receipt

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

Transaction ID: A2008-898739

Amount of Each Receipt this Period

23.68

B.

Full Name (Last, First, Middle Initial)

VINCENT A FUSCO

Mailing Address 6 SUGAR MAPLE COURT

City

DIX HILLS

State

NY

Zip Code

11746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.38

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977617

Amount of Each Receipt this Period

23.68

C.

Full Name (Last, First, Middle Initial)

PATRICK C GALLERY

Mailing Address 2321 WEST STEEPLECHASE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & Assistan

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.05

Date of Receipt

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

Transaction ID: A2008-898795

Amount of Each Receipt this Period

60.98

SUBTOTAL of Receipts This Page (optional)

108.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

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

Mailing Address 2321 WEST STEEPLECHASE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President & Assistan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

659.03

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977674

Amount of Each Receipt this Period

60.98

B.

Full Name (Last, First, Middle Initial)
KAREN C GARDNER

Mailing Address 1434 BAFFIN ROAD

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.45

Date of Receipt

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

Transaction ID: A2008-899085

Amount of Each Receipt this Period

70.91

C.

Full Name (Last, First, Middle Initial)
KAREN C GARDNER

Mailing Address 1434 BAFFIN ROAD

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.36

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977970

Amount of Each Receipt this Period

70.91

SUBTOTAL of Receipts This Page (optional)

202.80

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 62 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOSEPH E GARNETT

Mailing Address 507 OLD WALNUT CIRCLE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.06

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977625

Amount of Each Receipt this Period

19.36

B.

Full Name (Last, First, Middle Initial)

LYNN A GEHANT

Mailing Address 23W650 WOODWORTH PLACE

City

ROSELLE

State

IL

Zip Code

60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.10

Date of Receipt

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

Transaction ID: A2008-898935

Amount of Each Receipt this Period

37.15

C.

Full Name (Last, First, Middle Initial)

LYNN A GEHANT

Mailing Address 23W650 WOODWORTH PLACE

City

ROSELLE

State

IL

Zip Code

60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.25

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977816

Amount of Each Receipt this Period

37.15

SUBTOTAL of Receipts This Page (optional)

93.66

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 63 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

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

Mailing Address 1570 EDGEFIELD LANE

City State Zip Code
HOFFMAN ESTATES IL 60195

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP State Team

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.85

Date of Receipt

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

Transaction ID: A2008-899086

Amount of Each Receipt this Period

31.44

B.

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

Mailing Address 1570 EDGEFIELD LANE

City State Zip Code
HOFFMAN ESTATES IL 60195

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP State Team

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.29

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977971

Amount of Each Receipt this Period

31.44

C.

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

Mailing Address 656 S BUCKINGHAM CT

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.56

Date of Receipt

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

Transaction ID: A2008-898743

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

102.65

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOAN GILMORE

Mailing Address 656 S BUCKINGHAM CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.33

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977622

Amount of Each Receipt this Period

39.77

B.

Full Name (Last, First, Middle Initial)

MARLA F GLABE

Mailing Address 83 CARIBOU CROSSING

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.55

Date of Receipt

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

Transaction ID: A2008-898977

Amount of Each Receipt this Period

73.50

C.

Full Name (Last, First, Middle Initial)

MARLA F GLABE

Mailing Address 83 CARIBOU CROSSING

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

796.05

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977860

Amount of Each Receipt this Period

73.50

SUBTOTAL of Receipts This Page (optional)

186.77

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT J GLOD

Mailing Address 1016 N. DERBYSHIRE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.82

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977790

Amount of Each Receipt this Period

18.62

B.

Full Name (Last, First, Middle Initial)

BARBARA H GOHR

Mailing Address 1601 OLD BARN CIRCLE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Administrative Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.30

Date of Receipt

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

Transaction ID: A2008-898841

Amount of Each Receipt this Period

27.97

C.

Full Name (Last, First, Middle Initial)

BARBARA H GOHR

Mailing Address 1601 OLD BARN CIRCLE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Administrative Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.27

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977721

Amount of Each Receipt this Period

27.97

SUBTOTAL of Receipts This Page (optional)

74.56

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

BRUCE 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

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.38

Date of Receipt

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

Transaction ID: A2008-898894

Amount of Each Receipt this Period

19.88

B.

Full Name (Last, First, Middle Initial)

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

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.26

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977775

Amount of Each Receipt this Period

19.88

C.

Full Name (Last, First, Middle Initial)

DENNIS C GOMEZ

Mailing Address 3 ROBERT COURT

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Human Reso

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

606.60

Date of Receipt

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

Transaction ID: A2008-898771

Amount of Each Receipt this Period

61.85

SUBTOTAL of Receipts This Page (optional)

101.61

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DENNIS C GOMEZ

Mailing Address 3 ROBERT COURT

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Human Reso

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.45

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977650

Amount of Each Receipt this Period

61.85

B.

Full Name (Last, First, Middle Initial)

ANN A GOULD

Mailing Address 4071 NEWPORT LANE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.20

Date of Receipt

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

Transaction ID: A2008-899137

Amount of Each Receipt this Period

32.80

C.

Full Name (Last, First, Middle Initial)

ANN A GOULD

Mailing Address 4071 NEWPORT LANE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-978024

Amount of Each Receipt this Period

32.80

SUBTOTAL of Receipts This Page (optional)

127.45

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

GEORGE F GRAWE

Mailing Address 18799 GUNN HIGHWAY

City

ODESSA

State

FL

Zip Code

33556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

218.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977718

Amount of Each Receipt this Period

19.88

B.

Full Name (Last, First, Middle Initial)

PAMELA P GRAY

Mailing Address 50 E. BELLEVUE PL. #2402

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Data Center Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

261.70

Date of Receipt

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

Transaction ID: A2008-899064

Amount of Each Receipt this Period

26.59

C.

Full Name (Last, First, Middle Initial)

PAMELA P GRAY

Mailing Address 50 E. BELLEVUE PL. #2402

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Data Center Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

288.29

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977948

Amount of Each Receipt this Period

26.59

SUBTOTAL of Receipts This Page (optional)

73.06

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 69 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JUDITH P GREFFIN

Mailing Address 948 NORTH EUCLID AVENUE

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.30

Date of Receipt

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

Transaction ID: A2008-898858

Amount of Each Receipt this Period

48.51

B.

Full Name (Last, First, Middle Initial)

JUDITH P GREFFIN

Mailing Address 948 NORTH EUCLID AVENUE

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.81

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977738

Amount of Each Receipt this Period

48.51

C.

Full Name (Last, First, Middle Initial)

GARY E GROSE

Mailing Address 2555 E. HUNTER DRIVE

City

ARLINGTON HGHTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-975631

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

397.02

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 70 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ANN M GROSS

Mailing Address 91 STABLE WAY

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Education and Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.80

Date of Receipt

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

Transaction ID: A2008-898749

Amount of Each Receipt this Period

23.94

B.

Full Name (Last, First, Middle Initial)

ANN M GROSS

Mailing Address 91 STABLE WAY

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Education and Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.74

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977628

Amount of Each Receipt this Period

23.94

C.

Full Name (Last, First, Middle Initial)

GREGORY J GUIDOS

Mailing Address 804 QUEENS HARBOR BLVD

City

JACKSONVILLE

State

FL

Zip Code

32225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Finance AFW

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.20

Date of Receipt

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

Transaction ID: A2008-899033

Amount of Each Receipt this Period

22.93

SUBTOTAL of Receipts This Page (optional)

70.81

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 71 / 216

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

Mailing Address 804 QUEENS HARBOR BLVD

City	State	Zip Code
JACKSONVILLE	FL	32225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Finance AFW

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977916

Amount of Each Receipt this Period

22.93

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

Mailing Address 6509 E. BETTY ELYSE LANE

City	State	Zip Code
SCOTTSDALE	AZ	85254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-978001

Amount of Each Receipt this Period

19.09

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

Mailing Address 3 South Wynstone

City	State	Zip Code
N. BARRINGTON	IL	60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Ivantage AVP Specialty Li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.95

Date of Receipt

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

Transaction ID: A2008-898987

Amount of Each Receipt this Period

55.36

SUBTOTAL of Receipts This Page (optional)

97.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JAMES W HAIDU

Mailing Address 3 South Wynstone

City

N. BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Ivantage AVP Specialty Li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.31

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977870

Amount of Each Receipt this Period

55.36

B.

Full Name (Last, First, Middle Initial)

ROBERT F HAIR

Mailing Address 17 NORTH TRAIL

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.95

Date of Receipt

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

Transaction ID: A2008-899138

Amount of Each Receipt this Period

26.48

C.

Full Name (Last, First, Middle Initial)

ROBERT F HAIR

Mailing Address 17 NORTH TRAIL

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.43

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-978025

Amount of Each Receipt this Period

26.48

SUBTOTAL of Receipts This Page (optional)

108.32

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

RANDALL M HANSON

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

Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.91

Date of Receipt

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

Transaction ID: A2008-899094

Amount of Each Receipt this Period

32.70

B.

Full Name (Last, First, Middle Initial)

RANDALL M HANSON

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

Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.61

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977979

Amount of Each Receipt this Period

32.70

C.

Full Name (Last, First, Middle Initial)

MICHAEL L HARRISON

Mailing Address 1141 WINNERS CIRCLE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.50

Date of Receipt

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

Transaction ID: A2008-899142

Amount of Each Receipt this Period

132.55

SUBTOTAL of Receipts This Page (optional)

197.95

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 74 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL L HARRISON

Mailing Address 1141 WINNERS CIRCLE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-978029

Amount of Each Receipt this Period

132.55

B.

Full Name (Last, First, Middle Initial)

DANIEL J HEBEL

Mailing Address 28365 West Big Hollow Road

City

Ingleside

State

IL

Zip Code

60041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

661.60

Date of Receipt

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

Transaction ID: A2008-898849

Amount of Each Receipt this Period

67.30

C.

Full Name (Last, First, Middle Initial)

DANIEL J HEBEL

Mailing Address 28365 West Big Hollow Road

City

Ingleside

State

IL

Zip Code

60041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

728.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977729

Amount of Each Receipt this Period

67.30

SUBTOTAL of Receipts This Page (optional)

267.15

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

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

Mailing Address 23 CLAYTON

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Intract Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.10

Date of Receipt

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

Transaction ID: A2008-898875

Amount of Each Receipt this Period

24.89

B.

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

Mailing Address 23 CLAYTON

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Intract Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.99

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977756

Amount of Each Receipt this Period

24.89

C.

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

Mailing Address 4337 SPRUCE BOUGH DR

City State Zip Code
MARIETTA GA 30062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.15

Date of Receipt

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

Transaction ID: A2008-899058

Amount of Each Receipt this Period

32.15

SUBTOTAL of Receipts This Page (optional)

81.93

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 76 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

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

Mailing Address 4337 SPRUCE BOUGH DR

City State Zip Code
MARIETTA GA 30062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977942

Amount of Each Receipt this Period

32.15

B.

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

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.70

Date of Receipt

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

Transaction ID: A2008-898816

Amount of Each Receipt this Period

88.06

C.

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

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

943.76

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977695

Amount of Each Receipt this Period

88.06

SUBTOTAL of Receipts This Page (optional)

208.27

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

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

Mailing Address 8 PELHAM ROAD

City State Zip Code
WESTON MA 02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.55

Date of Receipt

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

Transaction ID: A2008-899145

Amount of Each Receipt this Period

45.23

B.

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

Mailing Address 8 PELHAM ROAD

City State Zip Code
WESTON MA 02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.78

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-978032

Amount of Each Receipt this Period

45.23

C.

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

Mailing Address 49 DORAL STREET

City State Zip Code
HURRICANE WV 25526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.20

Date of Receipt

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

Transaction ID: A2008-898819

Amount of Each Receipt this Period

23.36

SUBTOTAL of Receipts This Page (optional)

113.82

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 78 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

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

Mailing Address 49 DORAL STREET

City State Zip Code
HURRICANE WV 25526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.56

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977698

Amount of Each Receipt this Period

23.36

B.

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

Mailing Address 1937 Veterans Blvd

City State Zip Code
Metairie LA 70005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.20

Date of Receipt

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

Transaction ID: A2008-898868

Amount of Each Receipt this Period

30.00

C.

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

Mailing Address 1937 Veterans Blvd

City State Zip Code
Metairie LA 70005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977748

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

83.36

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MARY L HUBER

Mailing Address 1532 NORTH BELMONT 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
Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977934

Amount of Each Receipt this Period

19.88

B.

Full Name (Last, First, Middle Initial)

STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.50

Date of Receipt

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

Transaction ID: A2008-898962

Amount of Each Receipt this Period

45.22

C.

Full Name (Last, First, Middle Initial)

STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

488.72

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977845

Amount of Each Receipt this Period

45.22

SUBTOTAL of Receipts This Page (optional)

110.32

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

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

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code
CARY IL 60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sourcing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.40

Date of Receipt

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

Transaction ID: A2008-898917

Amount of Each Receipt this Period

28.15

B.

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

Mailing Address 890 BLAZING STAR TRAIL

City State Zip Code
CARY IL 60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sourcing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.55

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977798

Amount of Each Receipt this Period

28.15

C.

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

Mailing Address 3602 FRANKLIN CT.

City State Zip Code
CRYSTAL LAKE IL 60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

779.60

Date of Receipt

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

Transaction ID: A2008-898895

Amount of Each Receipt this Period

79.49

SUBTOTAL of Receipts This Page (optional)

135.79

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 81 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL A JACKOWSKI

Mailing Address 3602 FRANKLIN CT.

City

CRYSTAL LAKE

State

IL

Zip Code

60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

859.09

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977776

Amount of Each Receipt this Period

79.49

B.

Full Name (Last, First, Middle Initial)

BOB A JACKSON

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 Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.80

Date of Receipt

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

Transaction ID: A2008-899104

Amount of Each Receipt this Period

21.08

C.

Full Name (Last, First, Middle Initial)

BOB A JACKSON

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 Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.88

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977989

Amount of Each Receipt this Period

21.08

SUBTOTAL of Receipts This Page (optional)

121.65

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE 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

F&P/Enterprise Risk Manag

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.70

Date of Receipt

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

Transaction ID: A2008-898889

Amount of Each Receipt this Period

32.85

B.

Full Name (Last, First, Middle Initial)

JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE 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

F&P/Enterprise Risk Manag

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.55

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977770

Amount of Each Receipt this Period

32.85

C.

Full Name (Last, First, Middle Initial)

DOLORES M JOSSUND

Mailing Address 4242 W. HARRINGTON LANE

City

CHICAGO

State

IL

Zip Code

60646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.70

Date of Receipt

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

Transaction ID: A2008-898948

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

105.47

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

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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.

Full Name (Last, First, Middle Initial)

DOLORES M JOSSUND

Mailing Address 4242 W. HARRINGTON LANE

City State Zip Code
 CHICAGO IL 60646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.47

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977830

Amount of Each Receipt this Period

39.77

B.

Full Name (Last, First, Middle Initial)

JEFF L KAUFMAN

Mailing Address 5271 SERENE VIEW WAY

City State Zip Code
 PARKER CO 80134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.80

Date of Receipt

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

Transaction ID: A2008-899110

Amount of Each Receipt this Period

83.08

C.

Full Name (Last, First, Middle Initial)

JEFF L KAUFMAN

Mailing Address 5271 SERENE VIEW WAY

City State Zip Code
 PARKER CO 80134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.88

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977995

Amount of Each Receipt this Period

83.08

SUBTOTAL of Receipts This Page (optional)

205.93

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City

PALATINE

State

IL

Zip Code

60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & General

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

814.40

Date of Receipt

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

Transaction ID: A2008-898958

Amount of Each Receipt this Period

82.25

B.

Full Name (Last, First, Middle Initial)

TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City

PALATINE

State

IL

Zip Code

60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & General

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

896.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977840

Amount of Each Receipt this Period

82.25

C.

Full Name (Last, First, Middle Initial)

DAVID E KENNEY

Mailing Address 622 SEDGWICK DR.

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.38

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977871

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

184.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DARON K KERSTEN

Mailing Address 548 TIMBER RIDGE DR

City State Zip Code
LONGWOOD FL 32779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.10

Date of Receipt

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

Transaction ID: A2008-898834

Amount of Each Receipt this Period

23.54

B.

Full Name (Last, First, Middle Initial)
DARON K KERSTEN

Mailing Address 548 TIMBER RIDGE DR

City State Zip Code
LONGWOOD FL 32779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.64

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977714

Amount of Each Receipt this Period

23.54

C.

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

Mailing Address 1975 ROSE TERRACE

City State Zip Code
RIVERWOODS IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.80

Date of Receipt

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

Transaction ID: A2008-898731

Amount of Each Receipt this Period

44.84

SUBTOTAL of Receipts This Page (optional)

91.92

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

CHRISTOPHER R KIAH

Mailing Address 1975 ROSE TERRACE

City

RIVERWOODS

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.64

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977608

Amount of Each Receipt this Period

44.84

B.

Full Name (Last, First, Middle Initial)

CURTIS L KIBLER

Mailing Address 1332 BAY MEADOWS DR

City

BARTLETT

State

IL

Zip Code

60103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.25

Date of Receipt

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

Transaction ID: A2008-898891

Amount of Each Receipt this Period

38.75

C.

Full Name (Last, First, Middle Initial)

CURTIS L KIBLER

Mailing Address 1332 BAY MEADOWS DR

City

BARTLETT

State

IL

Zip Code

60103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977772

Amount of Each Receipt this Period

38.75

SUBTOTAL of Receipts This Page (optional)

122.34

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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.

Full Name (Last, First, Middle Initial)

PAUL N KIERIG

Mailing Address 200 OXFORD RD

City

Tower Lakes

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.25

Date of Receipt

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

Transaction ID: A2008-898942

Amount of Each Receipt this Period

25.16

B.

Full Name (Last, First, Middle Initial)

PAUL N KIERIG

Mailing Address 200 OXFORD RD

City

Tower Lakes

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.41

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977824

Amount of Each Receipt this Period

25.16

C.

Full Name (Last, First, Middle Initial)

JAMES P KING

Mailing Address 592 TURNER AVENUE

City

GLEN ELLYN

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.15

Date of Receipt

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

Transaction ID: A2008-899016

Amount of Each Receipt this Period

36.55

SUBTOTAL of Receipts This Page (optional)

86.87

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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.

Full Name (Last, First, Middle Initial)

JAMES P KING

Mailing Address 592 TURNER AVENUE

City

GLEN ELLYN

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.70

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977899

Amount of Each Receipt this Period

36.55

B.

Full Name (Last, First, Middle Initial)

JEFFREY D KNIPP

Mailing Address 2050 GLENDALE AVE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.95

Date of Receipt

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

Transaction ID: A2008-899091

Amount of Each Receipt this Period

29.87

C.

Full Name (Last, First, Middle Initial)

JEFFREY D KNIPP

Mailing Address 2050 GLENDALE AVE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.82

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977976

Amount of Each Receipt this Period

29.87

SUBTOTAL of Receipts This Page (optional)

96.29

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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.

Full Name (Last, First, Middle Initial)

MARY G KNIPP

Mailing Address 2050 GLENDALE AVENUE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Allstate Financial Market

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977761

Amount of Each Receipt this Period

19.88

B.

Full Name (Last, First, Middle Initial)

GARY L KOCHANER

Mailing Address 743 CARDIGAN CT

City

NAPERVILLE

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

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

Transaction ID: A2008-898898

Amount of Each Receipt this Period

32.70

C.

Full Name (Last, First, Middle Initial)

GARY L KOCHANER

Mailing Address 743 CARDIGAN CT

City

NAPERVILLE

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.70

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977778

Amount of Each Receipt this Period

32.70

SUBTOTAL of Receipts This Page (optional)

85.28

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 216

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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.

Full Name (Last, First, Middle Initial)

JOANNE L KRON

Mailing Address 341 N FIORE PARKWAY

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.42

Date of Receipt

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

Transaction ID: A2008-898893

Amount of Each Receipt this Period

39.77

B.

Full Name (Last, First, Middle Initial)

JOANNE L KRON

Mailing Address 341 N FIORE PARKWAY

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.19

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977774

Amount of Each Receipt this Period

39.77

C.

Full Name (Last, First, Middle Initial)

MICHAEL A LA MONICA

Mailing Address 22401 BROOKSIDE WAY

City

LAKE BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.65

Date of Receipt

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

Transaction ID: A2008-898946

Amount of Each Receipt this Period

68.64

SUBTOTAL of Receipts This Page (optional)

148.18

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 91 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL A LA MONICA

Mailing Address 22401 BROOKSIDE WAY

City

LAKE BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

748.29

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977828

Amount of Each Receipt this Period

68.64

B.

Full Name (Last, First, Middle Initial)

ANTHONY LASKA

Mailing Address 2707 SKYLINE DRIVE

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.15

Date of Receipt

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

Transaction ID: A2008-898751

Amount of Each Receipt this Period

46.51

C.

Full Name (Last, First, Middle Initial)

ANTHONY LASKA

Mailing Address 2707 SKYLINE DRIVE

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.66

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977630

Amount of Each Receipt this Period

46.51

SUBTOTAL of Receipts This Page (optional)

161.66

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 92 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DEBORAH G LAWRENCE

Mailing Address 910 S MICHIGAN AVE #1501

City

CHICAGO

State

IL

Zip Code

60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977749

Amount of Each Receipt this Period

19.88

B.

Full Name (Last, First, Middle Initial)

PHILLIP E LAWSON

Mailing Address 900 PARK AVENUE NORTH

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.00

Date of Receipt

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

Transaction ID: A2008-899098

Amount of Each Receipt this Period

75.96

C.

Full Name (Last, First, Middle Initial)

PHILLIP E LAWSON

Mailing Address 900 PARK AVENUE NORTH

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.96

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977983

Amount of Each Receipt this Period

75.96

SUBTOTAL of Receipts This Page (optional)

171.80

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.

Full Name (Last, First, Middle Initial)
CATHY A LAZAROFF

Mailing Address 910 S MICHIGAN AVE #1503

City State Zip Code
CHICAGO IL 60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.45

Date of Receipt

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

Transaction ID: A2008-898738

Amount of Each Receipt this Period

58.72

B.

Full Name (Last, First, Middle Initial)
CATHY A LAZAROFF

Mailing Address 910 S MICHIGAN AVE #1503

City State Zip Code
CHICAGO IL 60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.17

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977616

Amount of Each Receipt this Period

58.72

C.

Full Name (Last, First, Middle Initial)
MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City State Zip Code
BELLEVUE WA 98004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596.20

Date of Receipt

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

Transaction ID: A2008-899140

Amount of Each Receipt this Period

60.79

SUBTOTAL of Receipts This Page (optional)

178.23

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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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.

Full Name (Last, First, Middle Initial)

MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City

BELLEVUE

State

WA

Zip Code

98004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.99

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-978027

Amount of Each Receipt this Period

60.79

B.

Full Name (Last, First, Middle Initial)

SUSAN L LEES

Mailing Address 1705 DARTMOUTH LN

City

DEERFIELD

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.65

Date of Receipt

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

Transaction ID: A2008-898730

Amount of Each Receipt this Period

25.78

C.

Full Name (Last, First, Middle Initial)

SUSAN L LEES

Mailing Address 1705 DARTMOUTH LN

City

DEERFIELD

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.43

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977607

Amount of Each Receipt this Period

25.78

SUBTOTAL of Receipts This Page (optional)

112.35

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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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.

Full Name (Last, First, Middle Initial)

ANDREW P LEIGHT

Mailing Address 25658 N ARROWHEAD

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.90

Date of Receipt

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

Transaction ID: A2008-898903

Amount of Each Receipt this Period

32.69

B.

Full Name (Last, First, Middle Initial)

ANDREW P LEIGHT

Mailing Address 25658 N ARROWHEAD

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.59

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977784

Amount of Each Receipt this Period

32.69

C.

Full Name (Last, First, Middle Initial)

NANCY L LEMKE

Mailing Address 5697 BROOKSTONE WALK

City

ACWORTH

State

GA

Zip Code

30101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.40

Date of Receipt

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

Transaction ID: A2008-898972

Amount of Each Receipt this Period

21.80

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)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

NANCY L LEMKE

Mailing Address 5697 BROOKSTONE WALK

City

ACWORTH

State

GA

Zip Code

30101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977855

Amount of Each Receipt this Period

21.80

B.

Full Name (Last, First, Middle Initial)

KELLY J LIEN

Mailing Address 3 BEDFORD COURT

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.69

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-978004

Amount of Each Receipt this Period

18.99

C.

Full Name (Last, First, Middle Initial)

TERESA G LOGUE

Mailing Address 7187 PRESIDENTIAL DRIVE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Direct Response

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.90

Date of Receipt

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

Transaction ID: A2008-898924

Amount of Each Receipt this Period

23.34

SUBTOTAL of Receipts This Page (optional)

64.13

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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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.

Full Name (Last, First, Middle Initial)
TERESA G LOGUE

Mailing Address 7187 PRESIDENTIAL DRIVE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Direct Response

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.24

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977805

Amount of Each Receipt this Period

23.34

B.

Full Name (Last, First, Middle Initial)
CHRISTOPHER T LONGEWAY

Mailing Address 1134 W. PATTERSON #1

City State Zip Code
CHICAGO IL 60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.10

Date of Receipt

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

Transaction ID: A2008-898957

Amount of Each Receipt this Period

29.17

C.

Full Name (Last, First, Middle Initial)
CHRISTOPHER T LONGEWAY

Mailing Address 1134 W. PATTERSON #1

City State Zip Code
CHICAGO IL 60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.27

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977839

Amount of Each Receipt this Period

29.17

SUBTOTAL of Receipts This Page (optional)

81.68

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOHN C LOUNDS

Mailing Address 4424 STONEHAVEN

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Product AF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.65

Date of Receipt

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

Transaction ID: A2008-899039

Amount of Each Receipt this Period

37.92

B.

Full Name (Last, First, Middle Initial)

JOHN C LOUNDS

Mailing Address 4424 STONEHAVEN

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Product AF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.57

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977922

Amount of Each Receipt this Period

37.92

C.

Full Name (Last, First, Middle Initial)

COREY C LUECHT

Mailing Address 843 Spring Cove Dr

City

SCHAUMBURG

State

IL

Zip Code

60193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Accounting Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.44

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977858

Amount of Each Receipt this Period

19.69

SUBTOTAL of Receipts This Page (optional)

95.53

TOTAL This Period (last page this line number only)

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST. APT. 504

City

CHICAGO

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

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

Transaction ID: A2008-899000

Amount of Each Receipt this Period

31.86

B.

Full Name (Last, First, Middle Initial)

BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST. APT. 504

City

CHICAGO

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.36

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977883

Amount of Each Receipt this Period

31.86

C.

Full Name (Last, First, Middle Initial)

DANIEL J MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City

CASTLE ROCK

State

CO

Zip Code

80104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.90

Date of Receipt

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

Transaction ID: A2008-899049

Amount of Each Receipt this Period

28.81

SUBTOTAL of Receipts This Page (optional)

92.53

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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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.

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

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code
CASTLE ROCK CO 80104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.71

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977933

Amount of Each Receipt this Period

28.81

B.

Full Name (Last, First, Middle Initial)
MORRIS A MADURO

Mailing Address PO BOX 4343

City State Zip Code
NAPERVILLE IL 60567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.10

Date of Receipt

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

Transaction ID: A2008-898750

Amount of Each Receipt this Period

39.77

C.

Full Name (Last, First, Middle Initial)
MORRIS A MADURO

Mailing Address PO BOX 4343

City State Zip Code
NAPERVILLE IL 60567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.87

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977629

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

108.35

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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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.

Full Name (Last, First, Middle Initial)
KATHERINE MALCOMSON

Mailing Address 185 NILES EAST

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Education and Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.26

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977919

Amount of Each Receipt this Period

19.56

B.

Full Name (Last, First, Middle Initial)
FELIX A MANTILLA

Mailing Address 28601 N. Sky Crest Drive

City State Zip Code
Ivanhoe IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.10

Date of Receipt

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

Transaction ID: A2008-899051

Amount of Each Receipt this Period

48.52

C.

Full Name (Last, First, Middle Initial)
FELIX A MANTILLA

Mailing Address 28601 N. Sky Crest Drive

City State Zip Code
Ivanhoe IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977935

Amount of Each Receipt this Period

48.52

SUBTOTAL of Receipts This Page (optional)

116.60

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

KENNETH P MARCOTTE

Mailing Address 2311 HAVERTON DR

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.09

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977789

Amount of Each Receipt this Period

18.79

B.

Full Name (Last, First, Middle Initial)

MICHAEL P MARK

Mailing Address 3178 HAVEN LANE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.70

Date of Receipt

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

Transaction ID: A2008-898978

Amount of Each Receipt this Period

37.67

C.

Full Name (Last, First, Middle Initial)

MICHAEL P MARK

Mailing Address 3178 HAVEN LANE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.37

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977861

Amount of Each Receipt this Period

37.67

SUBTOTAL of Receipts This Page (optional)

94.13

TOTAL This Period (last page this line number only)

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

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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.

Full Name (Last, First, Middle Initial)

JOHN R MATHEWS

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

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977884

Amount of Each Receipt this Period

19.88

B.

Full Name (Last, First, Middle Initial)

Michele C Mayes

Mailing Address 1630 Chicago Avenue

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

SVP & Chief Legal Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-975649

Amount of Each Receipt this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

W. D Mays

Mailing Address 256 Post Oak Drive

City

Roanoke

State

VA

Zip Code

24019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.42

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977694

Amount of Each Receipt this Period

18.57

SUBTOTAL of Receipts This Page (optional)

4038.45

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 104 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City

BARRINGTON HILL

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.90

Date of Receipt

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

Transaction ID: A2008-898986

Amount of Each Receipt this Period

77.72

B.

Full Name (Last, First, Middle Initial)

MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City

BARRINGTON HILL

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

843.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977869

Amount of Each Receipt this Period

77.72

C.

Full Name (Last, First, Middle Initial)

JOHN A MC LAUGHLIN

Mailing Address 25748 N. Stoney Kirk Ct.

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.60

Date of Receipt

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

Transaction ID: A2008-898933

Amount of Each Receipt this Period

39.76

SUBTOTAL of Receipts This Page (optional)

195.20

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 105 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOHN A MC LAUGHLIN

Mailing Address 25748 N. Stoney Kirk Ct.

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.36

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977814

Amount of Each Receipt this Period

39.76

B.

Full Name (Last, First, Middle Initial)

MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.55

Date of Receipt

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

Transaction ID: A2008-899119

Amount of Each Receipt this Period

22.69

C.

Full Name (Last, First, Middle Initial)

MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.24

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-978005

Amount of Each Receipt this Period

22.69

SUBTOTAL of Receipts This Page (optional)

85.14

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 106 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

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

Mailing Address 28 MANCERA

City State Zip Code
 RANCHO SANTA MA CA 92688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.50

Date of Receipt

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

Transaction ID: A2008-899114

Amount of Each Receipt this Period

31.60

B.

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

Mailing Address 28 MANCERA

City State Zip Code
 RANCHO SANTA MA CA 92688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.10

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977999

Amount of Each Receipt this Period

31.60

C.

Full Name (Last, First, Middle Initial)
MICHAEL MCKINNEY

Mailing Address 1207 DEVENS DRIVE

City State Zip Code
 BRENTWOOD TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.05

Date of Receipt

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

Transaction ID: A2008-898811

Amount of Each Receipt this Period

49.96

SUBTOTAL of Receipts This Page (optional)

113.16

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 107 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL MCKINNEY

Mailing Address 1207 DEVENS DRIVE

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

545.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977690

Amount of Each Receipt this Period

49.96

B.

Full Name (Last, First, Middle Initial)

JEFFREY J MCRAE

Mailing Address 1213 THORNDAL LN

City

LAKE ZURICH

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

217.15

Date of Receipt

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

Transaction ID: A2008-898846

Amount of Each Receipt this Period

22.55

C.

Full Name (Last, First, Middle Initial)

JEFFREY J MCRAE

Mailing Address 1213 THORNDAL LN

City

LAKE ZURICH

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

239.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977726

Amount of Each Receipt this Period

22.55

SUBTOTAL of Receipts This Page (optional)

95.06

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 108 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

GARY A MELLINI

Mailing Address 21050 PRESTWICK DRIVE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.55

Date of Receipt

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

Transaction ID: A2008-898745

Amount of Each Receipt this Period

33.64

B.

Full Name (Last, First, Middle Initial)

GARY A MELLINI

Mailing Address 21050 PRESTWICK DRIVE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.19

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977624

Amount of Each Receipt this Period

33.64

C.

Full Name (Last, First, Middle Initial)

JANE M MELLON

Mailing Address 184 GARFIELD

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.16

Date of Receipt

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

Transaction ID: A2008-898914

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

107.05

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: PAGE 109 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JANE M MELLON

Mailing Address 184 GARFIELD

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.93

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977795

Amount of Each Receipt this Period

39.77

B.

Full Name (Last, First, Middle Initial)

FREDERICK J MILLER

Mailing Address 6975 MEADOW POINT TER

City

NEW MARKET

State

MD

Zip Code

21774

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.30

Date of Receipt

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

Transaction ID: A2008-898864

Amount of Each Receipt this Period

25.70

C.

Full Name (Last, First, Middle Initial)

FREDERICK J MILLER

Mailing Address 6975 MEADOW POINT TER

City

NEW MARKET

State

MD

Zip Code

21774

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977744

Amount of Each Receipt this Period

25.70

SUBTOTAL of Receipts This Page (optional)

91.17

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 110 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
STEVEN M MILLER

Mailing Address 1625 THORNEAPPLE LANE

City State Zip Code
ALGONQUIN IL 60102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.95

Date of Receipt

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

Transaction ID: A2008-899029

Amount of Each Receipt this Period

21.92

B.

Full Name (Last, First, Middle Initial)
STEVEN M MILLER

Mailing Address 1625 THORNEAPPLE LANE

City State Zip Code
ALGONQUIN IL 60102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.87

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977912

Amount of Each Receipt this Period

21.92

C.

Full Name (Last, First, Middle Initial)
CHRISTINE K MINER

Mailing Address 25264 MCINTYRE SQUARE

City State Zip Code
SOUTH RIDING VA 20152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.65

Date of Receipt

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

Transaction ID: A2008-898839

Amount of Each Receipt this Period

26.62

SUBTOTAL of Receipts This Page (optional)

70.46

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 111 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CHRISTINE K MINER

Mailing Address 25264 MCINTYRE SQUARE

City State Zip Code
SOUTH RIDING VA 20152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.27

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977719

Amount of Each Receipt this Period

26.62

B.

Full Name (Last, First, Middle Initial)
LAWRENCE P MOEWS

Mailing Address 740 W. JENNIFER CT.

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Investor R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.50

Date of Receipt

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

Transaction ID: A2008-898906

Amount of Each Receipt this Period

50.89

C.

Full Name (Last, First, Middle Initial)
LAWRENCE P MOEWS

Mailing Address 740 W. JENNIFER CT.

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Investor R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.39

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977787

Amount of Each Receipt this Period

50.89

SUBTOTAL of Receipts This Page (optional)

128.40

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 112 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MARCIE E MOLEK

Mailing Address 400 KEVIN LANE

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.90

Date of Receipt

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

Transaction ID: A2008-898919

Amount of Each Receipt this Period

22.73

B.

Full Name (Last, First, Middle Initial)

MARCIE E MOLEK

Mailing Address 400 KEVIN LANE

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.63

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977800

Amount of Each Receipt this Period

22.73

C.

Full Name (Last, First, Middle Initial)

EDWARD J MORAN

Mailing Address 131 ADELAIDE UNIT 406

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.85

Date of Receipt

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

Transaction ID: A2008-898801

Amount of Each Receipt this Period

50.34

SUBTOTAL of Receipts This Page (optional)

95.80

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 113 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

EDWARD J MORAN

Mailing Address 131 ADELAIDE UNIT 406

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977680

Amount of Each Receipt this Period

50.34

B.

Full Name (Last, First, Middle Initial)

KAREN S MORRIS

Mailing Address 27707 LA VISTA DRIVE

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.60

Date of Receipt

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

Transaction ID: A2008-899004

Amount of Each Receipt this Period

39.76

C.

Full Name (Last, First, Middle Initial)

KAREN S MORRIS

Mailing Address 27707 LA VISTA DRIVE

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977887

Amount of Each Receipt this Period

39.76

SUBTOTAL of Receipts This Page (optional)

129.86

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 114 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

LARRY E MOSER

Mailing Address 611 W. BURNING TREE 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

Sales Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.50

Date of Receipt

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

Transaction ID: A2008-898913

Amount of Each Receipt this Period

28.35

B.

Full Name (Last, First, Middle Initial)

LARRY E MOSER

Mailing Address 611 W. BURNING TREE LANE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Sales Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.85

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977794

Amount of Each Receipt this Period

28.35

C.

Full Name (Last, First, Middle Initial)

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

Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.45

Date of Receipt

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

Transaction ID: A2008-898808

Amount of Each Receipt this Period

32.15

SUBTOTAL of Receipts This Page (optional)

88.85

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 115 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

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

Associate Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

348.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977687

Amount of Each Receipt this Period

32.15

B.

Full Name (Last, First, Middle Initial)

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

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

374.85

Date of Receipt

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

Transaction ID: A2008-898899

Amount of Each Receipt this Period

38.13

C.

Full Name (Last, First, Middle Initial)

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

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

412.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977779

Amount of Each Receipt this Period

38.13

SUBTOTAL of Receipts This Page (optional)

108.41

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 116 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL A MURPHY

Mailing Address 233 WOOD CREEK ROAD #305

City

WHEELING

State

IL

Zip Code

60090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

397.65

Date of Receipt

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

Transaction ID: A2008-899082

Amount of Each Receipt this Period

39.77

B.

Full Name (Last, First, Middle Initial)

MICHAEL A MURPHY

Mailing Address 233 WOOD CREEK ROAD #305

City

WHEELING

State

IL

Zip Code

60090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

437.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977967

Amount of Each Receipt this Period

39.77

C.

Full Name (Last, First, Middle Initial)

DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

496.30

Date of Receipt

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

Transaction ID: A2008-899023

Amount of Each Receipt this Period

50.72

SUBTOTAL of Receipts This Page (optional)

130.26

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 117 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977905

Amount of Each Receipt this Period

50.72

B.

Full Name (Last, First, Middle Initial)

BRIAN J NAGEL

Mailing Address 1211 AIMTREE

City

SCHAUMBURG

State

IL

Zip Code

60194

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.80

Date of Receipt

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

Transaction ID: A2008-898928

Amount of Each Receipt this Period

37.95

C.

Full Name (Last, First, Middle Initial)

BRIAN J NAGEL

Mailing Address 1211 AIMTREE

City

SCHAUMBURG

State

IL

Zip Code

60194

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977809

Amount of Each Receipt this Period

37.95

SUBTOTAL of Receipts This Page (optional)

126.62

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 118 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOAN M NAUGHTON-GERDES

Mailing Address 650 MALIBOU

City

PALATINE

State

IL

Zip Code

60074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

214.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977885

Amount of Each Receipt this Period

19.64

B.

Full Name (Last, First, Middle Initial)

DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1112.50

Date of Receipt

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

Transaction ID: A2008-898885

Amount of Each Receipt this Period

113.70

C.

Full Name (Last, First, Middle Initial)

DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1226.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977766

Amount of Each Receipt this Period

113.70

SUBTOTAL of Receipts This Page (optional)

247.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 119 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

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

AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.30

Date of Receipt

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

Transaction ID: A2008-899083

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

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

AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977968

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

THOMAS R NORTON

Mailing Address 1423 PIONEER COURT

City

WAUKEGAN

State

IL

Zip Code

60085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Senior Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.10

Date of Receipt

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

Transaction ID: A2008-899017

Amount of Each Receipt this Period

30.32

SUBTOTAL of Receipts This Page (optional)

78.32

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 120 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

THOMAS R NORTON

Mailing Address 1423 PIONEER COURT

City

WAUKEGAN

State

IL

Zip Code

60085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Senior Man

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

328.42

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977900

Amount of Each Receipt this Period

30.32

B.

Full Name (Last, First, Middle Initial)

RICHARD C O'BRIEN

Mailing Address 574 S. COUNTRY RIDGE

City

LAKE ZURICH

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

207.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977757

Amount of Each Receipt this Period

19.17

C.

Full Name (Last, First, Middle Initial)

MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City

NAPERVILLE

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Agency Consulting Leader

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

283.95

Date of Receipt

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

Transaction ID: A2008-898765

Amount of Each Receipt this Period

29.09

SUBTOTAL of Receipts This Page (optional)

78.58

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 121 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City

NAPERVILLE

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Agency Consulting Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.04

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977644

Amount of Each Receipt this Period

29.09

B.

Full Name (Last, First, Middle Initial)

ROGER D ODLE II

Mailing Address 5170 BARCROFT DRIVE

City

HOFFMAN ESTATES

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.90

Date of Receipt

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

Transaction ID: A2008-898992

Amount of Each Receipt this Period

38.89

C.

Full Name (Last, First, Middle Initial)

ROGER D ODLE II

Mailing Address 5170 BARCROFT DRIVE

City

HOFFMAN ESTATES

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.79

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977875

Amount of Each Receipt this Period

38.89

SUBTOTAL of Receipts This Page (optional)

106.87

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 122 / 216

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

KATHY A OLCESE

Mailing Address 35 YORK ST

City

HUDSON

State

OH

Zip Code

44236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Risk Management Busin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.15

Date of Receipt

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

Transaction ID: A2008-898866

Amount of Each Receipt this Period

24.37

B.

Full Name (Last, First, Middle Initial)

KATHY A OLCESE

Mailing Address 35 YORK ST

City

HUDSON

State

OH

Zip Code

44236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Risk Management Busin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977746

Amount of Each Receipt this Period

24.37

C.

Full Name (Last, First, Middle Initial)

CRAIG A OLDHAM

Mailing Address 2606 N Paulina ST

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.30

Date of Receipt

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

Transaction ID: A2008-899057

Amount of Each Receipt this Period

35.04

SUBTOTAL of Receipts This Page (optional)

83.78

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 123 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CRAIG A OLDHAM

Mailing Address 2606 N Paulina ST

City State Zip Code
CHICAGO IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977941

Amount of Each Receipt this Period

35.04

B.

Full Name (Last, First, Middle Initial)
JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Procurement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.48

Date of Receipt

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

Transaction ID: A2008-899073

Amount of Each Receipt this Period

67.20

C.

Full Name (Last, First, Middle Initial)
JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Procurement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

661.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977957

Amount of Each Receipt this Period

67.20

SUBTOTAL of Receipts This Page (optional)

169.44

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 124 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PAMELA J OVERTON

Mailing Address 9352 ANSLEY LANE

City

BRENTWOOD

State

TN

Zip Code

37027

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 ▼

366.85

Date of Receipt

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

Transaction ID: A2008-898845

Amount of Each Receipt this Period

37.58

B.

Full Name (Last, First, Middle Initial)

PAMELA J OVERTON

Mailing Address 9352 ANSLEY LANE

City

BRENTWOOD

State

TN

Zip Code

37027

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 ▼

404.43

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977725

Amount of Each Receipt this Period

37.58

C.

Full Name (Last, First, Middle Initial)

ALAN D PAGE

Mailing Address 13530 LUCKY LAKE DRIVE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP-Agency Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.40

Date of Receipt

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

Transaction ID: A2008-899134

Amount of Each Receipt this Period

37.73

SUBTOTAL of Receipts This Page (optional)

112.89

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 125 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ALAN D PAGE

Mailing Address 13530 LUCKY LAKE DRIVE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP-Agency Distribution

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

408.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-978021

Amount of Each Receipt this Period

37.73

B.

Full Name (Last, First, Middle Initial)

DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City

EDGEWATER

State

MD

Zip Code

21037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

439.05

Date of Receipt

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

Transaction ID: A2008-898803

Amount of Each Receipt this Period

39.77

C.

Full Name (Last, First, Middle Initial)

DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City

EDGEWATER

State

MD

Zip Code

21037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

478.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977682

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

117.27

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 126 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT L PARK

Mailing Address 1107 BONITA DRIVE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Public Relations Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.65

Date of Receipt

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

Transaction ID: A2008-898993

Amount of Each Receipt this Period

53.82

B.

Full Name (Last, First, Middle Initial)

ROBERT L PARK

Mailing Address 1107 BONITA DRIVE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Public Relations Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.47

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977876

Amount of Each Receipt this Period

53.82

C.

Full Name (Last, First, Middle Initial)

ROGER D PARKER

Mailing Address 1305 N MAIDSTONE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.35

Date of Receipt

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

Transaction ID: A2008-899131

Amount of Each Receipt this Period

49.69

SUBTOTAL of Receipts This Page (optional)

157.33

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 127 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ROGER D PARKER

Mailing Address 1305 N MAIDSTONE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-978018

Amount of Each Receipt this Period

49.69

B.

Full Name (Last, First, Middle Initial)

MAYUR M PATEL

Mailing Address 742 E PARKVIEW CT

City

ROSELLE

State

IL

Zip Code

60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.85

Date of Receipt

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

Transaction ID: A2008-898930

Amount of Each Receipt this Period

31.24

C.

Full Name (Last, First, Middle Initial)

MAYUR M PATEL

Mailing Address 742 E PARKVIEW CT

City

ROSELLE

State

IL

Zip Code

60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.09

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977811

Amount of Each Receipt this Period

31.24

SUBTOTAL of Receipts This Page (optional)

112.17

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 128 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

CHARLES PAUL

Mailing Address 301 CAMELOT LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President PCCSO Stra

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

729.70

Date of Receipt

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

Transaction ID: A2008-898790

Amount of Each Receipt this Period

74.40

B.

Full Name (Last, First, Middle Initial)

CHARLES PAUL

Mailing Address 301 CAMELOT LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President PCCSO Stra

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

804.10

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977669

Amount of Each Receipt this Period

74.40

C.

Full Name (Last, First, Middle Initial)

RONALD J PEPPING

Mailing Address 934 LEWIS PLACE

City

GENEVA

State

IL

Zip Code

60134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Ivantage Financial Manage

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

298.65

Date of Receipt

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

Transaction ID: A2008-898969

Amount of Each Receipt this Period

30.16

SUBTOTAL of Receipts This Page (optional)

178.96

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 129 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

RONALD J PEPPING

Mailing Address 934 LEWIS PLACE

City

GENEVA

State

IL

Zip Code

60134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Ivantage Financial Manage

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977852

Amount of Each Receipt this Period

30.16

B.

Full Name (Last, First, Middle Initial)

FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.95

Date of Receipt

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

Transaction ID: A2008-898756

Amount of Each Receipt this Period

49.56

C.

Full Name (Last, First, Middle Initial)

FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977635

Amount of Each Receipt this Period

49.56

SUBTOTAL of Receipts This Page (optional)

129.28

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 130 / 216

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Thomas 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

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

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

Transaction ID: A2008-899147

Amount of Each Receipt this Period

30.60

B.

Full Name (Last, First, Middle Initial)

Thomas 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

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-978034

Amount of Each Receipt this Period

30.60

C.

Full Name (Last, First, Middle Initial)

STEVEN A PETTI

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

AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.75

Date of Receipt

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

Transaction ID: A2008-898755

Amount of Each Receipt this Period

50.31

SUBTOTAL of Receipts This Page (optional)

111.51

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 131 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
STEVEN A PETTI

Mailing Address 580 SALCEDA DR

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.06

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977634

Amount of Each Receipt this Period

50.31

B.

Full Name (Last, First, Middle Initial)
SAMUEL H PILCH

Mailing Address 4519 HICKORY COURT

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Group Vice President & Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-975637

Amount of Each Receipt this Period

1000.00

C.

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

Mailing Address 2116 W CHURCHILL ST

City State Zip Code
CHICAGO IL 60647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Finance -

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

674.85

Date of Receipt

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

Transaction ID: A2008-898884

Amount of Each Receipt this Period

69.45

SUBTOTAL of Receipts This Page (optional)

1119.76

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 132 / 216

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOHN C PINTOZZI

Mailing Address 2116 W CHURCHILL ST

City

CHICAGO

State

IL

Zip Code

60647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Finance -

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

744.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977765

Amount of Each Receipt this Period

69.45

B.

Full Name (Last, First, Middle Initial)

DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.70

Date of Receipt

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

Transaction ID: A2008-898748

Amount of Each Receipt this Period

40.90

C.

Full Name (Last, First, Middle Initial)

DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977627

Amount of Each Receipt this Period

40.90

SUBTOTAL of Receipts This Page (optional)

151.25

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 133 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.Full Name (Last, First, Middle Initial)
MARTIN PRZYGODA

Mailing Address 17516 KATIE COURT

City	State	Zip Code
GURNEE	IL	60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Finance and Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.88

Date of Receipt

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

Transaction ID: A2008-898896

Amount of Each Receipt this Period

63.25

B.Full Name (Last, First, Middle Initial)
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
Allstate Insurance CompanyOccupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

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

Transaction ID: A2008-899020

Amount of Each Receipt this Period

21.80

C.Full Name (Last, First, Middle Initial)
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
Allstate Insurance CompanyOccupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977902

Amount of Each Receipt this Period

21.80

SUBTOTAL of Receipts This Page (optional)

106.85

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 134 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City

ARLINGTON HGTS

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.20

Date of Receipt

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

Transaction ID: A2008-899141

Amount of Each Receipt this Period

30.78

B.

Full Name (Last, First, Middle Initial)

JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City

ARLINGTON HGTS

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.98

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-978028

Amount of Each Receipt this Period

30.78

C.

Full Name (Last, First, Middle Initial)

JOSEPH P RATH

Mailing Address 359 STAFFORD COURT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.50

Date of Receipt

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

Transaction ID: A2008-898855

Amount of Each Receipt this Period

58.13

SUBTOTAL of Receipts This Page (optional)

119.69

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 135 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOSEPH P RATH

Mailing Address 359 STAFFORD COURT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

629.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977735

Amount of Each Receipt this Period

58.13

B.

Full Name (Last, First, Middle Initial)

JOHN B REARDON

Mailing Address 441 KELLY LANE

City

CRYSTAL LAKE

State

IL

Zip Code

60012

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 ▼

421.75

Date of Receipt

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

Transaction ID: A2008-898734

Amount of Each Receipt this Period

43.60

C.

Full Name (Last, First, Middle Initial)

JOHN B REARDON

Mailing Address 441 KELLY LANE

City

CRYSTAL LAKE

State

IL

Zip Code

60012

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 ▼

465.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977612

Amount of Each Receipt this Period

43.60

SUBTOTAL of Receipts This Page (optional)

145.33

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 136 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

KEVIN P RICE

Mailing Address 703 ETON COURT

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.85

Date of Receipt

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

Transaction ID: A2008-898940

Amount of Each Receipt this Period

36.18

B.

Full Name (Last, First, Middle Initial)

KEVIN P RICE

Mailing Address 703 ETON COURT

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977822

Amount of Each Receipt this Period

36.18

C.

Full Name (Last, First, Middle Initial)

BRIAN R RICHARD

Mailing Address 37 JOSEPH PLACE

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.20

Date of Receipt

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

Transaction ID: A2008-898727

Amount of Each Receipt this Period

25.10

SUBTOTAL of Receipts This Page (optional)

97.46

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 137 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
BRIAN R RICHARD

Mailing Address 37 JOSEPH PLACE

City State Zip Code
WAYNE NJ 07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977604

Amount of Each Receipt this Period

25.10

B.

Full Name (Last, First, Middle Initial)
JOSEPH J RICHARDSON

Mailing Address 1411 PARSONS LANE

City State Zip Code
LOWER GWYNEDD PA 19002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

707.90

Date of Receipt

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

Transaction ID: A2008-898793

Amount of Each Receipt this Period

72.35

C.

Full Name (Last, First, Middle Initial)
JOSEPH J RICHARDSON

Mailing Address 1411 PARSONS LANE

City State Zip Code
LOWER GWYNEDD PA 19002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977672

Amount of Each Receipt this Period

72.35

SUBTOTAL of Receipts This Page (optional)

169.80

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 138 / 216

(check only one)

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

Allstate Insurance Company PAC

A.Full Name (Last, First, Middle Initial)
ROBIN R RICHMOND

Mailing Address 9 HAWTHORN GROVE CIRCLE

City	State	Zip Code
HAWTHORN WOODS	IL	60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.25

Date of Receipt

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

Transaction ID: A2008-899013

Amount of Each Receipt this Period

26.31

B.Full Name (Last, First, Middle Initial)
ROBIN R RICHMOND

Mailing Address 9 HAWTHORN GROVE CIRCLE

City	State	Zip Code
HAWTHORN WOODS	IL	60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977896

Amount of Each Receipt this Period

26.31

C.Full Name (Last, First, Middle Initial)
ANDREW T RIEDER

Mailing Address 7 ONEIDA LANE

City	State	Zip Code
HAWTHORN WOODS	IL	60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Homeowner Initiative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.75

Date of Receipt

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

Transaction ID: A2008-898797

Amount of Each Receipt this Period

48.58

SUBTOTAL of Receipts This Page (optional)

101.20

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 139 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ANDREW T RIEDER

Mailing Address 7 ONEIDA LANE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Homeowner Initiative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.33

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977676

Amount of Each Receipt this Period

48.58

B.

Full Name (Last, First, Middle Initial)

DANIEL J RIVERA

Mailing Address 1632 OLD BARN CIRCLE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.65

Date of Receipt

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

Transaction ID: A2008-899078

Amount of Each Receipt this Period

85.96

C.

Full Name (Last, First, Middle Initial)

DANIEL J RIVERA

Mailing Address 1632 OLD BARN CIRCLE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

919.61

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977963

Amount of Each Receipt this Period

85.96

SUBTOTAL of Receipts This Page (optional)

220.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 140 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City

OAK LAWN

State

IL

Zip Code

60453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.80

Date of Receipt

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

Transaction ID: A2008-898944

Amount of Each Receipt this Period

44.55

B.

Full Name (Last, First, Middle Initial)

MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City

OAK LAWN

State

IL

Zip Code

60453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

469.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977826

Amount of Each Receipt this Period

44.55

C.

Full Name (Last, First, Middle Initial)

CLAY F ROBERTS

Mailing Address 3075 Sanders Road Suite G2E

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.45

Date of Receipt

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

Transaction ID: A2008-899132

Amount of Each Receipt this Period

35.56

SUBTOTAL of Receipts This Page (optional)

124.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 141 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

CLAY F ROBERTS

Mailing Address 3075 Sanders Road Suite G2E

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.01

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-978019

Amount of Each Receipt this Period

35.56

B.

Full Name (Last, First, Middle Initial)

DANIEL P ROBERTS

Mailing Address 4374 W Anderson Rd

City

South Euclid

State

OH

Zip Code

44121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Marketing Claims Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.61

Date of Receipt

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

Transaction ID: A2008-898787

Amount of Each Receipt this Period

22.81

C.

Full Name (Last, First, Middle Initial)

DANIEL P ROBERTS

Mailing Address 4374 W Anderson Rd

City

South Euclid

State

OH

Zip Code

44121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Marketing Claims Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.42

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977666

Amount of Each Receipt this Period

22.81

SUBTOTAL of Receipts This Page (optional)

81.18

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 142 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

TED ROBERTS

Mailing Address 811 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Financial Services Consul

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.90

Date of Receipt

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

Transaction ID: A2008-899097

Amount of Each Receipt this Period

29.72

B.

Full Name (Last, First, Middle Initial)

TED ROBERTS

Mailing Address 811 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Financial Services Consul

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977982

Amount of Each Receipt this Period

29.72

C.

Full Name (Last, First, Middle Initial)

MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City

AURORA

State

IL

Zip Code

60506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

SVP-PROTECTION TECH & ADM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

958.00

Date of Receipt

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

Transaction ID: A2008-898959

Amount of Each Receipt this Period

97.68

SUBTOTAL of Receipts This Page (optional)

157.12

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 143 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City

AURORA

State

IL

Zip Code

60506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

SVP-PROTECTION TECH & ADM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1055.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977841

Amount of Each Receipt this Period

97.68

B.

Full Name (Last, First, Middle Initial)

GREGORY C ROHLFING

Mailing Address 106 ASHLAND

City

RIVER FOREST

State

IL

Zip Code

60305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.70

Date of Receipt

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

Transaction ID: A2008-898879

Amount of Each Receipt this Period

39.77

C.

Full Name (Last, First, Middle Initial)

GREGORY C ROHLFING

Mailing Address 106 ASHLAND

City

RIVER FOREST

State

IL

Zip Code

60305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.47

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977760

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

177.22

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 144 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.Full Name (Last, First, Middle Initial)
DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City	State	Zip Code
HINSDALE	IL	60521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.06

Date of Receipt

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

Transaction ID: A2008-898953

Amount of Each Receipt this Period

32.40

B.Full Name (Last, First, Middle Initial)
DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City	State	Zip Code
HINSDALE	IL	60521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977835

Amount of Each Receipt this Period

32.40

C.Full Name (Last, First, Middle Initial)
GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City	State	Zip Code
LINCOLNSHIRE	IL	60069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SVP-P-CCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.30

Date of Receipt

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

Transaction ID: A2008-899009

Amount of Each Receipt this Period

144.23

SUBTOTAL of Receipts This Page (optional)

209.03

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 145 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.Full Name (Last, First, Middle Initial)
GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City	State	Zip Code
LINCOLNSHIRE	IL	60069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
SVP-P-CCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1586.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977892

Amount of Each Receipt this Period

144.23

B.Full Name (Last, First, Middle Initial)
DOREEN M RYAN

Mailing Address 17 ALSTON COURT

City	State	Zip Code
RED BANK	NJ	07701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Managing Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

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

Transaction ID: A2008-898782

Amount of Each Receipt this Period

21.80

C.Full Name (Last, First, Middle Initial)
DOREEN M RYAN

Mailing Address 17 ALSTON COURT

City	State	Zip Code
RED BANK	NJ	07701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Managing Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977661

Amount of Each Receipt this Period

21.80

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 146 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.30

Date of Receipt

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

Transaction ID: A2008-898877

Amount of Each Receipt this Period

19.88

B.

Full Name (Last, First, Middle Initial)

PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.18

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977758

Amount of Each Receipt this Period

19.88

C.

Full Name (Last, First, Middle Initial)

MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Asset Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.37

Date of Receipt

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

Transaction ID: A2008-898857

Amount of Each Receipt this Period

28.85

SUBTOTAL of Receipts This Page (optional)

68.61

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 147 / 216

(check only one)

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

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Asset Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977737

Amount of Each Receipt this Period

28.85

B.

Full Name (Last, First, Middle Initial)

PATRICK J SCHNEIDER

Mailing Address 210 NORTH TRAIL

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.75

Date of Receipt

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

Transaction ID: A2008-898996

Amount of Each Receipt this Period

29.78

C.

Full Name (Last, First, Middle Initial)

PATRICK J SCHNEIDER

Mailing Address 210 NORTH TRAIL

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977879

Amount of Each Receipt this Period

29.78

SUBTOTAL of Receipts This Page (optional)

88.41

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 148 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP HR Shared Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.30

Date of Receipt

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

Transaction ID: A2008-898784

Amount of Each Receipt this Period

52.89

B.

Full Name (Last, First, Middle Initial)

STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP HR Shared Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977663

Amount of Each Receipt this Period

52.89

C.

Full Name (Last, First, Middle Initial)

DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.55

Date of Receipt

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

Transaction ID: A2008-898925

Amount of Each Receipt this Period

24.13

SUBTOTAL of Receipts This Page (optional)

129.91

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 149 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977806

Amount of Each Receipt this Period

24.13

B.

Full Name (Last, First, Middle Initial)

MICHAEL D SCHUSTER

Mailing Address 526 LANGE COURT

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.79

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-978006

Amount of Each Receipt this Period

18.59

C.

Full Name (Last, First, Middle Initial)

DAVID J SCHWARTZER

Mailing Address 1911 205TH PL NE

City

SAMMAMISH

State

WA

Zip Code

98074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.15

Date of Receipt

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

Transaction ID: A2008-899048

Amount of Each Receipt this Period

47.08

SUBTOTAL of Receipts This Page (optional)

89.80

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 150 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DAVID J SCHWARTZER

Mailing Address 1911 205TH PL NE

City

SAMMAMISH

State

WA

Zip Code

98074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.23

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977932

Amount of Each Receipt this Period

47.08

B.

Full Name (Last, First, Middle Initial)

DANNY R SELLERS

Mailing Address 5903 87TH ST

City

LUBBOCK

State

TX

Zip Code

79424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.80

Date of Receipt

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

Transaction ID: A2008-899076

Amount of Each Receipt this Period

24.10

C.

Full Name (Last, First, Middle Initial)

DANNY R SELLERS

Mailing Address 5903 87TH ST

City

LUBBOCK

State

TX

Zip Code

79424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977960

Amount of Each Receipt this Period

24.10

SUBTOTAL of Receipts This Page (optional)

95.28

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 151 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.35

Date of Receipt

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

Transaction ID: A2008-898985

Amount of Each Receipt this Period

35.81

B.

Full Name (Last, First, Middle Initial)

STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.16

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977868

Amount of Each Receipt this Period

35.81

C.

Full Name (Last, First, Middle Initial)

STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City

WHEATON

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Property/C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

803.15

Date of Receipt

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

Transaction ID: A2008-898952

Amount of Each Receipt this Period

81.89

SUBTOTAL of Receipts This Page (optional)

153.51

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 152 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City

WHEATON

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Property/C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.04

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977834

Amount of Each Receipt this Period

81.89

B.

Full Name (Last, First, Middle Initial)

STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City

HIGHLAND PARK

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.80

Date of Receipt

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

Transaction ID: A2008-898872

Amount of Each Receipt this Period

19.88

C.

Full Name (Last, First, Middle Initial)

STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City

HIGHLAND PARK

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977753

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

121.65

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 153 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DENIS C SHUNTA

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 ▼

218.00

Date of Receipt

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

Transaction ID: A2008-899032

Amount of Each Receipt this Period

21.80

B.

Full Name (Last, First, Middle Initial)

DENIS C SHUNTA

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 ▼

239.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977915

Amount of Each Receipt this Period

21.80

C.

Full Name (Last, First, Middle Initial)

ROBERT L SIMMONS

Mailing Address 418 DEUCE DRIVE

City

WALL

State

NJ

Zip Code

07719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

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

Transaction ID: A2008-898775

Amount of Each Receipt this Period

29.43

SUBTOTAL of Receipts This Page (optional)

73.03

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 154 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT L SIMMONS

Mailing Address 418 DEUCE DRIVE

City

WALL

State

NJ

Zip Code

07719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.43

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977654

Amount of Each Receipt this Period

29.43

B.

Full Name (Last, First, Middle Initial)

KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.00

Date of Receipt

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

Transaction ID: A2008-899103

Amount of Each Receipt this Period

37.16

C.

Full Name (Last, First, Middle Initial)

KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977988

Amount of Each Receipt this Period

37.16

SUBTOTAL of Receipts This Page (optional)

103.75

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 155 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ANNE E SIMPSON

Mailing Address 632 ONWENTSIA AVENUE

City

HIGHLAND PARK

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Tax Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.10

Date of Receipt

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

Transaction ID: A2008-898882

Amount of Each Receipt this Period

26.51

B.

Full Name (Last, First, Middle Initial)

ANNE E SIMPSON

Mailing Address 632 ONWENTSIA AVENUE

City

HIGHLAND PARK

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Tax Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.61

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977763

Amount of Each Receipt this Period

26.51

C.

Full Name (Last, First, Middle Initial)

JOHN G SINICKI

Mailing Address 2117 CARROLL CREEK VIEW CT

City

FREDERICK

State

MD

Zip Code

21702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.45

Date of Receipt

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

Transaction ID: A2008-898840

Amount of Each Receipt this Period

20.94

SUBTOTAL of Receipts This Page (optional)

73.96

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 156 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOHN G SINICKI

Mailing Address 2117 CARROLL CREEK VIEW CT

City

FREDERICK

State

MD

Zip Code

21702

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance Company

Occupation

Frontline Performance Lea

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.39

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977720

Amount of Each Receipt this Period

20.94

B.

Full Name (Last, First, Middle Initial)

KEVIN R SLAWIN

Mailing Address 1316 CRESTWOOD DRIVE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance Company

Occupation

VP AF Admin Serv

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

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

Transaction ID: A2008-898994

Amount of Each Receipt this Period

41.00

C.

Full Name (Last, First, Middle Initial)

KEVIN R SLAWIN

Mailing Address 1316 CRESTWOOD DRIVE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance Company

Occupation

VP AF Admin Serv

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977877

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

102.94

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 157 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
KIMBERLY J SLOANE

Mailing Address 378 N. VISTA AVE

City State Zip Code
LOMBARD IL 60148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Reserve Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.60

Date of Receipt

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

Transaction ID: A2008-898974

Amount of Each Receipt this Period

39.77

B.

Full Name (Last, First, Middle Initial)
KIMBERLY J SLOANE

Mailing Address 378 N. VISTA AVE

City State Zip Code
LOMBARD IL 60148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Reserve Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.37

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977857

Amount of Each Receipt this Period

39.77

C.

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

Mailing Address 414 E. Burr Oak Dr.

City State Zip Code
Arlington Heights IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.40

Date of Receipt

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

Transaction ID: A2008-899053

Amount of Each Receipt this Period

33.04

SUBTOTAL of Receipts This Page (optional)

112.58

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 158 / 216

(check only one)

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

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

CHARLES M SMITH

Mailing Address 414 E. Burr Oak Dr.

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977937

Amount of Each Receipt this Period

33.04

B.

Full Name (Last, First, Middle Initial)

ELIAS SMITH

Mailing Address 2751 SW BEAR PAW TRAIL

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.95

Date of Receipt

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

Transaction ID: A2008-898780

Amount of Each Receipt this Period

23.14

C.

Full Name (Last, First, Middle Initial)

ELIAS SMITH

Mailing Address 2751 SW BEAR PAW TRAIL

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.09

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977659

Amount of Each Receipt this Period

23.14

SUBTOTAL of Receipts This Page (optional)

79.32

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 159 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

J E SMITH

Mailing Address 310 WHITMORE LANE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP Distribution and Chann

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

599.35

Date of Receipt

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

Transaction ID: A2008-898955

Amount of Each Receipt this Period

61.11

B.

Full Name (Last, First, Middle Initial)

J E SMITH

Mailing Address 310 WHITMORE LANE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

VP Distribution and Chann

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

660.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977837

Amount of Each Receipt this Period

61.11

C.

Full Name (Last, First, Middle Initial)

RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City

Scottsdale

State

AZ

Zip Code

85262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Controller

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

290.50

Date of Receipt

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

Transaction ID: A2008-899092

Amount of Each Receipt this Period

29.90

SUBTOTAL of Receipts This Page (optional)

152.12

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 160 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City

Scottsdale

State

AZ

Zip Code

85262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.40

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977977

Amount of Each Receipt this Period

29.90

B.

Full Name (Last, First, Middle Initial)

STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-Agency Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.65

Date of Receipt

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

Transaction ID: A2008-899040

Amount of Each Receipt this Period

78.17

C.

Full Name (Last, First, Middle Initial)

STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-Agency Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

844.82

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977923

Amount of Each Receipt this Period

78.17

SUBTOTAL of Receipts This Page (optional)

186.24

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 161 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

KEVIN A SPATARO

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

AVP Account Research

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.05

Date of Receipt

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

Transaction ID: A2008-899015

Amount of Each Receipt this Period

31.92

B.

Full Name (Last, First, Middle Initial)

KEVIN A SPATARO

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

AVP Account Research

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.97

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977898

Amount of Each Receipt this Period

31.92

C.

Full Name (Last, First, Middle Initial)

EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.95

Date of Receipt

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

Transaction ID: A2008-898800

Amount of Each Receipt this Period

36.26

SUBTOTAL of Receipts This Page (optional)

100.10

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 162 / 216

(check only one)

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

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.21

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977679

Amount of Each Receipt this Period

36.26

B.

Full Name (Last, First, Middle Initial)

JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City

N. BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.50

Date of Receipt

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

Transaction ID: A2008-899008

Amount of Each Receipt this Period

27.52

C.

Full Name (Last, First, Middle Initial)

JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City

N. BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977891

Amount of Each Receipt this Period

27.52

SUBTOTAL of Receipts This Page (optional)

91.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 163 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.95

Date of Receipt

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

Transaction ID: A2008-898860

Amount of Each Receipt this Period

44.37

B.

Full Name (Last, First, Middle Initial)

MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977740

Amount of Each Receipt this Period

44.37

C.

Full Name (Last, First, Middle Initial)

STACEY A SPRUNG

Mailing Address 106 E. WHISTLERS BEND CIR.

City

THE WOODLANDS

State

TX

Zip Code

77384

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Lead Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.85

Date of Receipt

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

Transaction ID: A2008-898736

Amount of Each Receipt this Period

21.19

SUBTOTAL of Receipts This Page (optional)

109.93

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 164 / 216

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

STACEY A SPRUNG

Mailing Address 106 E. WHISTLERS BEND CIR.

City

THE WOODLANDS

State

TX

Zip Code

77384

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Lead Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977614

Amount of Each Receipt this Period

21.19

B.

Full Name (Last, First, Middle Initial)

EMORY D STEPHENS JR

Mailing Address 4711 N WOLCOTT AVE

City

CHICAGO

State

IL

Zip Code

60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.10

Date of Receipt

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

Transaction ID: A2008-898825

Amount of Each Receipt this Period

39.89

C.

Full Name (Last, First, Middle Initial)

EMORY D STEPHENS JR

Mailing Address 4711 N WOLCOTT AVE

City

CHICAGO

State

IL

Zip Code

60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977704

Amount of Each Receipt this Period

39.89

SUBTOTAL of Receipts This Page (optional)

100.97

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 165 / 216

(check only one)

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

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City

ATLANTIC BEACH

State

FL

Zip Code

32233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.70

Date of Receipt

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

Transaction ID: A2008-898836

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City

ATLANTIC BEACH

State

FL

Zip Code

32233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977716

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

MYRON E STOUFFER

Mailing Address 1528 JESSICA LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP State Team

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.80

Date of Receipt

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

Transaction ID: A2008-898832

Amount of Each Receipt this Period

23.03

SUBTOTAL of Receipts This Page (optional)

101.03

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 166 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MYRON E STOUFFER

Mailing Address 1528 JESSICA LANE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP State Team

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.83

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977712

Amount of Each Receipt this Period

23.03

B.

Full Name (Last, First, Middle Initial)
CHRISTINE A SULLIVAN

Mailing Address 257 BIG TERRA LANE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.40

Date of Receipt

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

Transaction ID: A2008-898728

Amount of Each Receipt this Period

25.94

C.

Full Name (Last, First, Middle Initial)
CHRISTINE A SULLIVAN

Mailing Address 257 BIG TERRA LANE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.34

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977605

Amount of Each Receipt this Period

25.94

SUBTOTAL of Receipts This Page (optional)

74.91

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 167 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

KEVIN T SULLIVAN

Mailing Address 221 CARRIAGE HILL CIR

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President -Corp Ethn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

959.55

Date of Receipt

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

Transaction ID: A2008-899106

Amount of Each Receipt this Period

97.37

B.

Full Name (Last, First, Middle Initial)

KEVIN T SULLIVAN

Mailing Address 221 CARRIAGE HILL CIR

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President -Corp Ethn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1056.92

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977991

Amount of Each Receipt this Period

97.37

C.

Full Name (Last, First, Middle Initial)

KATHLEEN A SWAIN

Mailing Address 242 HIGHVIEW

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Enterprise Applicatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.05

Date of Receipt

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

Transaction ID: A2008-898887

Amount of Each Receipt this Period

55.75

SUBTOTAL of Receipts This Page (optional)

250.49

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 168 / 216

(check only one)

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

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

KATHLEEN A SWAIN

Mailing Address 242 HIGHVIEW

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Enterprise Applicatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

603.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977768

Amount of Each Receipt this Period

55.75

B.

Full Name (Last, First, Middle Initial)

JERROLD S SZOSTAK

Mailing Address 1064 W GLENN TRAIL

City

ELK GROVE

State

IL

Zip Code

60007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claim Reserve Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.75

Date of Receipt

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

Transaction ID: A2008-898929

Amount of Each Receipt this Period

38.64

C.

Full Name (Last, First, Middle Initial)

JERROLD S SZOSTAK

Mailing Address 1064 W GLENN TRAIL

City

ELK GROVE

State

IL

Zip Code

60007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claim Reserve Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.39

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977810

Amount of Each Receipt this Period

38.64

SUBTOTAL of Receipts This Page (optional)

133.03

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 169 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
BENJAMIN A TARVER

Mailing Address 2495 EMERALD LANE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Corporate Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.35

Date of Receipt

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

Transaction ID: A2008-898773

Amount of Each Receipt this Period

22.77

B.

Full Name (Last, First, Middle Initial)
BENJAMIN A TARVER

Mailing Address 2495 EMERALD LANE

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Corporate Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.12

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977652

Amount of Each Receipt this Period

22.77

C.

Full Name (Last, First, Middle Initial)
JANICE M TAYLOR

Mailing Address 7335 ATHLONE

City State Zip Code
HOUSTON TX 77088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.90

Date of Receipt

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

Transaction ID: A2008-899079

Amount of Each Receipt this Period

23.21

SUBTOTAL of Receipts This Page (optional)

68.75

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 170 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JANICE M TAYLOR

Mailing Address 7335 ATHLONE

City

HOUSTON

State

TX

Zip Code

77088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.11

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977964

Amount of Each Receipt this Period

23.21

B.

Full Name (Last, First, Middle Initial)

TIMOTHY J TAYLOR

Mailing Address 5314 RENEE AVE.

City

CRYSTAL LAKE

State

IL

Zip Code

60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.87

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977700

Amount of Each Receipt this Period

18.82

C.

Full Name (Last, First, Middle Initial)

PHILLIP J TELGENHOFF

Mailing Address 1631 DAUNTING DRIVE

City

EL DORADO HILLS

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.21

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-978011

Amount of Each Receipt this Period

18.46

SUBTOTAL of Receipts This Page (optional)

60.49

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 171 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Michael A Thomas

Mailing Address 604 Brier Street

City

Kenilworth

State

IL

Zip Code

60043

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance Company

Occupation

Corporate Real Estate Dir

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

216.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-978033

Amount of Each Receipt this Period

19.88

B.

Full Name (Last, First, Middle Initial)

MARK L THOMPSON

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

AVP-PRODUCT NON-STANDARD

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

258.95

Date of Receipt

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

Transaction ID: A2008-899088

Amount of Each Receipt this Period

26.65

C.

Full Name (Last, First, Middle Initial)

MARK L THOMPSON

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

AVP-PRODUCT NON-STANDARD

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

285.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977973

Amount of Each Receipt this Period

26.65

SUBTOTAL of Receipts This Page (optional)

73.18

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 172 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

W. J THOMPSON

Mailing Address 1734 SHOAL CREEK TERRACE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.55

Date of Receipt

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

Transaction ID: A2008-898822

Amount of Each Receipt this Period

38.91

B.

Full Name (Last, First, Middle Initial)

W. J THOMPSON

Mailing Address 1734 SHOAL CREEK TERRACE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.46

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977701

Amount of Each Receipt this Period

38.91

C.

Full Name (Last, First, Middle Initial)

ROBERT J TIERNEY

Mailing Address 6628 RFD-CARRIAGE WAY

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Procurement Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977782

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

97.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 173 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
LOREE E TOEDMAN

Mailing Address 21949 HICKORY HILL DR.

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP ENCOMPASS FIELD DISTR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.90

Date of Receipt

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

Transaction ID: A2008-899108

Amount of Each Receipt this Period

40.75

B.

Full Name (Last, First, Middle Initial)
LOREE E TOEDMAN

Mailing Address 21949 HICKORY HILL DR.

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP ENCOMPASS FIELD DISTR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977993

Amount of Each Receipt this Period

40.75

C.

Full Name (Last, First, Middle Initial)
ROBERT E TRANSON

Mailing Address 2644 N DOUGLAS

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Strategic Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.20

Date of Receipt

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

Transaction ID: A2008-898941

Amount of Each Receipt this Period

28.53

SUBTOTAL of Receipts This Page (optional)

110.03

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 174 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT E TRANSON

Mailing Address 2644 N DOUGLAS

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Strategic Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.73

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977823

Amount of Each Receipt this Period

28.53

B.

Full Name (Last, First, Middle Initial)

MELINDA S TUNNER

Mailing Address 5430 TALL OAKS 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

AVP Agency Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.40

Date of Receipt

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

Transaction ID: A2008-899065

Amount of Each Receipt this Period

47.07

C.

Full Name (Last, First, Middle Initial)

MELINDA S TUNNER

Mailing Address 5430 TALL OAKS 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

AVP Agency Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.47

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977949

Amount of Each Receipt this Period

47.07

SUBTOTAL of Receipts This Page (optional)

122.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 175 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
DAVID J UNROE

Mailing Address 326 ELM CT.

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-978015

Amount of Each Receipt this Period

19.88

B.

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

Mailing Address 636 BALMORAL LANE

City State Zip Code
INVERNESS IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.50

Date of Receipt

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

Transaction ID: A2008-898949

Amount of Each Receipt this Period

53.99

C.

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

Mailing Address 636 BALMORAL LANE

City State Zip Code
INVERNESS IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.49

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977831

Amount of Each Receipt this Period

53.99

SUBTOTAL of Receipts This Page (optional)

127.86

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 176 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

HELEN K VAN DAAL

Mailing Address 1300 LONGVALLEY RD.

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.56

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977771

Amount of Each Receipt this Period

19.42

B.

Full Name (Last, First, Middle Initial)

JOHN W VAN ETEN

Mailing Address 924 W. Gordon Terrace #3

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.83

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977882

Amount of Each Receipt this Period

21.73

C.

Full Name (Last, First, Middle Initial)

WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

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

Transaction ID: A2008-898886

Amount of Each Receipt this Period

32.70

SUBTOTAL of Receipts This Page (optional)

73.85

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 177 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.70

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977767

Amount of Each Receipt this Period

32.70

B.

Full Name (Last, First, Middle Initial)

PATRICIA C VANLAMMEREN

Mailing Address 9868 PALACE GREEN WAY

City

VIENNA

State

VA

Zip Code

22181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.24

Date of Receipt

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

Transaction ID: A2008-899102

Amount of Each Receipt this Period

55.77

C.

Full Name (Last, First, Middle Initial)

PATRICIA C VANLAMMEREN

Mailing Address 9868 PALACE GREEN WAY

City

VIENNA

State

VA

Zip Code

22181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.01

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977987

Amount of Each Receipt this Period

55.77

SUBTOTAL of Receipts This Page (optional)

144.24

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 178 / 216

(check only one)

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

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City

BERWYN

State

IL

Zip Code

60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

391.25

Date of Receipt

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

Transaction ID: A2008-898878

Amount of Each Receipt this Period

39.61

B.

Full Name (Last, First, Middle Initial)

RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City

BERWYN

State

IL

Zip Code

60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

430.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977759

Amount of Each Receipt this Period

39.61

C.

Full Name (Last, First, Middle Initial)

MICHAEL J VELOTTA

Mailing Address 1111 LOYOLA DR

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Sec & Gene

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

770.40

Date of Receipt

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

Transaction ID: A2008-899067

Amount of Each Receipt this Period

77.04

SUBTOTAL of Receipts This Page (optional)

156.26

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 179 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.Full Name (Last, First, Middle Initial)
MICHAEL J VELOTTA

Mailing Address 1111 LOYOLA DR

City	State	Zip Code
LIBERTYVILLE	IL	60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President Sec & Gene

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

847.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977951

Amount of Each Receipt this Period

77.04

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

Mailing Address 37144 FOX HILL DR

City	State	Zip Code
WADSWORTH	IL	60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President & Treasure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.70

Date of Receipt

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

Transaction ID: A2008-898768

Amount of Each Receipt this Period

70.12

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

Mailing Address 37144 FOX HILL DR

City	State	Zip Code
WADSWORTH	IL	60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President & Treasure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

757.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977647

Amount of Each Receipt this Period

70.12

SUBTOTAL of Receipts This Page (optional)

217.28

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 180 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Corp. Rel.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.01

Date of Receipt

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

Transaction ID: A2008-899144

Amount of Each Receipt this Period

49.81

B.

Full Name (Last, First, Middle Initial)

JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Corp. Rel.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.82

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-978031

Amount of Each Receipt this Period

49.81

C.

Full Name (Last, First, Middle Initial)

MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City

CLOVIS

State

CA

Zip Code

93611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.30

Date of Receipt

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

Transaction ID: A2008-898852

Amount of Each Receipt this Period

28.43

SUBTOTAL of Receipts This Page (optional)

128.05

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: PAGE 181 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City

CLOVIS

State

CA

Zip Code

93611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Marketing Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.73

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977732

Amount of Each Receipt this Period

28.43

B.

Full Name (Last, First, Middle Initial)

ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City

PONTE VEDRA

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

DIRECTOR CREDIT DEPARTMEN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.60

Date of Receipt

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

Transaction ID: A2008-898835

Amount of Each Receipt this Period

63.46

C.

Full Name (Last, First, Middle Initial)

ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City

PONTE VEDRA

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

DIRECTOR CREDIT DEPARTMEN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977715

Amount of Each Receipt this Period

63.46

SUBTOTAL of Receipts This Page (optional)

155.35

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 182 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

THOMAS M WARDEN

Mailing Address 146 LA GRANDE

City

MOSS BEACH

State

CA

Zip Code

94038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Research Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.20

Date of Receipt

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

Transaction ID: A2008-898847

Amount of Each Receipt this Period

33.52

B.

Full Name (Last, First, Middle Initial)

THOMAS M WARDEN

Mailing Address 146 LA GRANDE

City

MOSS BEACH

State

CA

Zip Code

94038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Research Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.72

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977727

Amount of Each Receipt this Period

33.52

C.

Full Name (Last, First, Middle Initial)

EDWIN L WASINGER JR

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

Procurement Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.75

Date of Receipt

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

Transaction ID: A2008-899019

Amount of Each Receipt this Period

36.48

SUBTOTAL of Receipts This Page (optional)

103.52

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 183 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

EDWIN L WASINGER JR

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

Procurement Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

394.23

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977901

Amount of Each Receipt this Period

36.48

B.

Full Name (Last, First, Middle Initial)

DOUGLAS B WELCH

Mailing Address 1724 INDEPENDENCE AVE

City

GLENVIEW

State

IL

Zip Code

60026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

563.75

Date of Receipt

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

Transaction ID: A2008-898867

Amount of Each Receipt this Period

57.21

C.

Full Name (Last, First, Middle Initial)

DOUGLAS B WELCH

Mailing Address 1724 INDEPENDENCE AVE

City

GLENVIEW

State

IL

Zip Code

60026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Vice President Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

620.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977747

Amount of Each Receipt this Period

57.21

SUBTOTAL of Receipts This Page (optional)

150.90

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 184 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.30

Date of Receipt

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

Transaction ID: A2008-899090

Amount of Each Receipt this Period

32.20

B.

Full Name (Last, First, Middle Initial)

JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.50

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977975

Amount of Each Receipt this Period

32.20

C.

Full Name (Last, First, Middle Initial)

ROBERT J WHITE

Mailing Address 909 STILLWATER COURT

City

WESTON

State

FL

Zip Code

33327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.60

Date of Receipt

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

Transaction ID: A2008-898785

Amount of Each Receipt this Period

34.87

SUBTOTAL of Receipts This Page (optional)

99.27

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 185 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT J WHITE

Mailing Address 909 STILLWATER COURT

City

WESTON

State

FL

Zip Code

33327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Territorial Distribution

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

378.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977664

Amount of Each Receipt this Period

34.87

B.

Full Name (Last, First, Middle Initial)

SAMUEL W WHITEMAN

Mailing Address 120 NE STONELEDGE PLACE

City

LEESBURG

State

VA

Zip Code

20176

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 ▼

319.01

Date of Receipt

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

Transaction ID: A2008-899080

Amount of Each Receipt this Period

33.65

C.

Full Name (Last, First, Middle Initial)

SAMUEL W WHITEMAN

Mailing Address 120 NE STONELEDGE PLACE

City

LEESBURG

State

VA

Zip Code

20176

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 ▼

352.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977965

Amount of Each Receipt this Period

33.65

SUBTOTAL of Receipts This Page (optional)

102.17

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 186 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
CYNTHIA R WHITLEY

Mailing Address 6722 NEW HAMPSHIRE TRAIL

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.45

Date of Receipt

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

Transaction ID: A2008-898824

Amount of Each Receipt this Period

39.10

B.

Full Name (Last, First, Middle Initial)
CYNTHIA R WHITLEY

Mailing Address 6722 NEW HAMPSHIRE TRAIL

City State Zip Code
CRYSTAL LAKE IL 60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.55

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977703

Amount of Each Receipt this Period

39.10

C.

Full Name (Last, First, Middle Initial)
ROB WHOLF

Mailing Address 847 INTERLAKEN DRIVE

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.90

Date of Receipt

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

Transaction ID: A2008-898859

Amount of Each Receipt this Period

21.79

SUBTOTAL of Receipts This Page (optional)

99.99

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 187 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

ROB WHOLF

Mailing Address 847 INTERLAKEN DRIVE

City

LAKE ZURICH

State

IL

Zip Code

60047

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 ▼

239.69

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977739

Amount of Each Receipt this Period

21.79

B.

Full Name (Last, First, Middle Initial)

MICHAEL E WILBORN

Mailing Address 609 STRATFORD PLACE #4C

City

CHICAGO

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Procurement Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-975635

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Product Operations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.80

Date of Receipt

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

Transaction ID: A2008-898900

Amount of Each Receipt this Period

32.96

SUBTOTAL of Receipts This Page (optional)

354.75

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 188 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Product Operations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977780

Amount of Each Receipt this Period

32.96

B.

Full Name (Last, First, Middle Initial)

ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.60

Date of Receipt

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

Transaction ID: A2008-899109

Amount of Each Receipt this Period

47.65

C.

Full Name (Last, First, Middle Initial)

ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977994

Amount of Each Receipt this Period

47.65

SUBTOTAL of Receipts This Page (optional)

128.26

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 189 / 216

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

393.50

Date of Receipt

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

Transaction ID: A2008-898932

Amount of Each Receipt this Period

39.93

B.

Full Name (Last, First, Middle Initial)

JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

433.43

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977813

Amount of Each Receipt this Period

39.93

C.

Full Name (Last, First, Middle Initial)

THOMAS J WILSON

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

President & COO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2330.80

Date of Receipt

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

Transaction ID: A2008-899038

Amount of Each Receipt this Period

244.62

SUBTOTAL of Receipts This Page (optional)

324.48

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 190 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

THOMAS J WILSON

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

President & COO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2575.42

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977921

Amount of Each Receipt this Period

244.62

B.

Full Name (Last, First, Middle Initial)

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 ▼

229.82

Date of Receipt

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

Transaction ID: A2008-899010

Amount of Each Receipt this Period

19.88

C.

Full Name (Last, First, Middle Initial)

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 ▼

249.70

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977893

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

284.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 191 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Field Operations M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.60

Date of Receipt

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

Transaction ID: A2008-898770

Amount of Each Receipt this Period

32.30

B.

Full Name (Last, First, Middle Initial)
MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Field Operations M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.90

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977649

Amount of Each Receipt this Period

32.30

C.

Full Name (Last, First, Middle Initial)
RHONDA WOODARD

Mailing Address 2341 MARCY AVENUE

City State Zip Code
EVANSTON IL 60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-PRODUCT DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.90

Date of Receipt

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

Transaction ID: A2008-899100

Amount of Each Receipt this Period

35.94

SUBTOTAL of Receipts This Page (optional)

100.54

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 192 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
RHONDA WOODARD

Mailing Address 2341 MARCY AVENUE

City State Zip Code
EVANSTON IL 60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-PRODUCT DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.84

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977985

Amount of Each Receipt this Period

35.94

B.

Full Name (Last, First, Middle Initial)
DONALD F WYATT JR

Mailing Address 811 DRESSER DR.

City State Zip Code
MT PROSPECT IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.80

Date of Receipt

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

Transaction ID: A2008-898905

Amount of Each Receipt this Period

36.07

C.

Full Name (Last, First, Middle Initial)
DONALD F WYATT JR

Mailing Address 811 DRESSER DR.

City State Zip Code
MT PROSPECT IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.87

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977786

Amount of Each Receipt this Period

36.07

SUBTOTAL of Receipts This Page (optional)

108.08

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 193 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

484.75

Date of Receipt

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

Transaction ID: A2008-898973

Amount of Each Receipt this Period

49.89

B.

Full Name (Last, First, Middle Initial)

FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

534.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977856

Amount of Each Receipt this Period

49.89

C.

Full Name (Last, First, Middle Initial)

LORI J YELVINGTON

Mailing Address 1531 N HIGHLAND AVE

City

ARLINGTON HGTS.

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Procurement

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

514.50

Date of Receipt

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

Transaction ID: A2008-898981

Amount of Each Receipt this Period

52.46

SUBTOTAL of Receipts This Page (optional)

152.24

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 194 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

LORI J YELVINGTON

Mailing Address 1531 N HIGHLAND AVE

City

ARLINGTON HGTS.

State

IL

Zip Code

60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP Procurement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.96

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977864

Amount of Each Receipt this Period

52.46

B.

Full Name (Last, First, Middle Initial)

RICHARD P YOCIUS

Mailing Address 40135 N GOLDENROD

City

WADSWORTH

State

IL

Zip Code

60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.50

Date of Receipt

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

Transaction ID: A2008-898907

Amount of Each Receipt this Period

41.75

C.

Full Name (Last, First, Middle Initial)

RICHARD P YOCIUS

Mailing Address 40135 N GOLDENROD

City

WADSWORTH

State

IL

Zip Code

60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977788

Amount of Each Receipt this Period

41.75

SUBTOTAL of Receipts This Page (optional)

135.96

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 195 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JAMES E YOUNG

Mailing Address 1212 N. WELLS ST. APT. 1504

City

CHICAGO

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977688

Amount of Each Receipt this Period

18.65

B.

Full Name (Last, First, Middle Initial)

PHILLIP C YOUNG

Mailing Address 2181 APPLE HILL LANE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Director of Flight Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	8

Transaction ID: A2008-977818

Amount of Each Receipt this Period

18.98

C.

Full Name (Last, First, Middle Initial)

MARY E ZAGORSKI

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

Personal Lines Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.10

Date of Receipt

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

Transaction ID: A2008-898971

Amount of Each Receipt this Period

34.11

SUBTOTAL of Receipts This Page (optional)

71.74

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 196 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City State Zip Code
ARLINGTON HEIGHTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Personal Lines Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.21

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977854

Amount of Each Receipt this Period

34.11

B.

Full Name (Last, First, Middle Initial)
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Allstate Life Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.25

Date of Receipt

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

Transaction ID: A2008-899052

Amount of Each Receipt this Period

67.29

C.

Full Name (Last, First, Middle Initial)
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Allstate Life Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.54

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977936

Amount of Each Receipt this Period

67.29

SUBTOTAL of Receipts This Page (optional)

168.69

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 197 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PAUL K ZIGTERMAN

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

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.23

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977908

Amount of Each Receipt this Period

19.73

B.

Full Name (Last, First, Middle Initial)

GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City

AURORA

State

IL

Zip Code

60502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.50

Date of Receipt

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

Transaction ID: A2008-899043

Amount of Each Receipt this Period

37.75

C.

Full Name (Last, First, Middle Initial)

GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City

AURORA

State

IL

Zip Code

60502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.25

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977926

Amount of Each Receipt this Period

37.75

SUBTOTAL of Receipts This Page (optional)

95.23

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 198 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

CARLA D ZUNIGA

Mailing Address 2189 N. BEAVER CREEK DRIVE

City	State	Zip Code
VERNON HILLS	IL	60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.85

Date of Receipt

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

Transaction ID: A2008-899105

Amount of Each Receipt this Period

21.91

B.

Full Name (Last, First, Middle Initial)

CARLA D ZUNIGA

Mailing Address 2189 N. BEAVER CREEK DRIVE

City	State	Zip Code
VERNON HILLS	IL	60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: A2008-977990

Amount of Each Receipt this Period

21.91

C.

Full Name (Last, First, Middle Initial)

J K ZUZICH

Mailing Address 1125 ACORN TRAIL

City	State	Zip Code
LAKE FOREST	IL	60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP HR People Planning &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.80

Date of Receipt

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

Transaction ID: A2008-899096

Amount of Each Receipt this Period

35.83

SUBTOTAL of Receipts This Page (optional)

79.65

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 199 / 216

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

J K ZUZICH

Mailing Address 1125 ACORN TRAIL

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation

AVP HR People Planning &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.63

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: A2008-977981

Amount of Each Receipt this Period

35.83

SUBTOTAL of Receipts This Page (optional)

35.83

TOTAL This Period (last page this line number only)

29346.64

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 200 / 216

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Fifth Third Bank

Mailing Address 346 West Carol Lane

City
Elmhurst

State
IL

Zip Code
60062

Purpose of Disbursement
Bank Service Charge

Candidate Name
Fifth Third Bank

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: IL

District:

Not Applicable

Transaction ID: B217217

Date of Disbursement

05 / 13 / 2008

Amount of Each Disbursement this Period

150.43

SUBTOTAL of Disbursements This Page (optional)

150.43

TOTAL This Period (last page this line number only)

150.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Lungren for Congress

Mailing Address PO Box 3006

City
Rancho CordovaState
CAZip Code
95741Purpose of Disbursement
ContributionCandidate Name
Dan Lungren011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 03

Transaction ID: B213718

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Royce Campaign Cmte.

Mailing Address 217 3rd Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
ContributionCandidate Name
Ed Royce011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 40

Transaction ID: B213713

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Murphy for Congress

Mailing Address P.O. Box 127

City
CheshireState
CTZip Code
06410Purpose of Disbursement
ContributionCandidate Name
Christopher Murphy011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: B213715

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: B216480 Date of Disbursement
Mailing Address PO Box 133	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 8</div> </div>
City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Michael Castle	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Tim Mahoney for Florida	Transaction ID: B216479 Date of Disbursement
Mailing Address PO Box 71373	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20024	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Tim Mahoney	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Rahm Emanuel	Transaction ID: B216481 Date of Disbursement
Mailing Address PO Box 101124	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60610	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1500.00</div>
Candidate Name Rahm Emanuel	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

McConnell Senate Committee

Mailing Address 400 N. Capitol St. NW Suite 585

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement
Contribution

Candidate Name
Mitch McConnell

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Transaction ID: B213716

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Cardin for Senate

Mailing Address 38 Ivy Street SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution

Candidate Name
Benjamin Cardin

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District:

Transaction ID: B213710

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Camp for Congress 2008

Mailing Address 5915 Eastman Ave. Suite 100

City
Midland

State
MI

Zip Code
48640

Purpose of Disbursement
Contribution

Candidate Name
Dave Camp

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: B213712

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

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

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) Knollenberg for Congress	Transaction ID: B214259 Date of Disbursement
Mailing Address 2501 Wisconsin Ave. NW Suite 304	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Joe Knollenberg	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Upton for All of Us	Transaction ID: B214260 Date of Disbursement
Mailing Address 104 Hume Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 8</div> </div>
City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Frederick S Upton	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kuhl for Congress	Transaction ID: B215903 Date of Disbursement
Mailing Address PO Box 368	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 1 / 2 0 0 8</div> </div>
City Falls Church State VA Zip Code 22040	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name John (Randy) Kuhl, Jr.	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Pennsylvanians for Kanjorski

Mailing Address 233 Massachusetts Ave. NE 2nd Flr.

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name
Paul E Kanjorski

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 11

Transaction ID: B214627

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Bob Corker for Senate

Mailing Address PO Box 848

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement
Contribution

Candidate Name
Robert (Bob) P Corker, Jr.

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: TN District:

Debt Ret General

Transaction ID: B213717

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Texans for Senator John Cornyn

Mailing Address 201 Massachusetts Ave. NE Ste. C3

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name
John Cornyn

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District:

Transaction ID: B214625

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

19500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Cmte. for a Progressive WV

Mailing Address 1105 Harrison Avenue

City
ElkinsState
WVZip Code
26241Purpose of Disbursement
P-2008 State Senate 15 WVCandidate Name
Clark Barnes011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B213687

Date of Disbursement

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

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Caruth for Senate Cmte.

Mailing Address P.O. Box 280

City
AthensState
WVZip Code
24712Purpose of Disbursement
P-2008 State Senate 10 WVCandidate Name
Donald T Caruth011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B213688

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Cmte. to Re-Elect Kevin Craig

Mailing Address 3 Heather Court

City
HuntingtonState
WVZip Code
25705Purpose of Disbursement
P-2008 State House 15 WVCandidate Name
Kevin Craig011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B213698

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1250.00

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
You Can Count on Cindy Cmte

Mailing Address 1248 Baker's Ridge Road

City Morgantown State WV Zip Code 26505

Purpose of Disbursement
P-2008 State House 44 WVCandidate Name
Cindy Frich011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B213697

Date of Disbursement

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

Amount of Each Disbursement this Period

250.00

B. Full Name (Last, First, Middle Initial)
Friends of Bill Haine

Mailing Address PO Box 67

City Alton State IL Zip Code 62002

Purpose of Disbursement
G-2008 State Senate 56 ILCandidate Name
William Haine011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B213703

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Harper for House

Mailing Address 13 South Gate Road

City Charleston State WV Zip Code 25314

Purpose of Disbursement
P-2008 State House 30 WVCandidate Name
Brenda Harper011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B213695

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Cmte. to Elect Marshall Long

Mailing Address 105 Hedge Street

City
PrincetonState
WVZip Code
24740Purpose of Disbursement
P-2008 State House 25 WVCandidate Name
Marshall C Long011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B213696

Date of Disbursement

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

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Committee to Re-Elect Spike Maynard

Mailing Address P.O. Box 1743

City
CharlestonState
WVZip Code
25326Purpose of Disbursement
P-2008 Supreme Court Justice WVCandidate Name
Elliot 'Spike' Marnard011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B213685

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Friends of Corey Palumbo

Mailing Address 1206 Williamsburg Way

City
CharlestonState
WVZip Code
25314Purpose of Disbursement
P-2008 State Senate 8 WVCandidate Name
Corey Palumbo011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B213689

Date of Disbursement

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

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Dominic Pileggi

Mailing Address 101 W. Baltimore Ave. 2nd Floor

City State Zip Code
Media PA 19063

Purpose of Disbursement
G-2008 State Senate 09 PA

Candidate Name
Dominic F Pileggi

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B213707

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends of Joe Scarnati

Mailing Address P.O. Box 177

City State Zip Code
Brockway PA 15824

Purpose of Disbursement
G-2008 State Senate 25 PA

Candidate Name
Joseph B Scarnati, III

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B213704

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Cmte to Elect H.K. White

Mailing Address P.O. Box 1985

City State Zip Code
Gilbert WV 25621

Purpose of Disbursement
P-2008 State House 21 WV

Candidate Name
Harry (H.K.) White

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B213699

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Anthony Adams for Asmbly '08 #1293649

Mailing Address PO Box 471

City Sacramento State CA Zip Code 95812

Purpose of Disbursement
P-2008 State House 59 CA

Candidate Name
Anthony Adams

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B214247

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
Friends of Wilmer Amina Carter #1293666

Mailing Address 1005 12th Street Suite H

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
P-2008 State House 62 CA

Candidate Name
Wilmer Carter

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B214252

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1850.00

C. Full Name (Last, First, Middle Initial)
Bill Emmerson for Asmbly-'08 #1292697

Mailing Address P.O. Box 1565

City Oakdale State CA Zip Code 95361

Purpose of Disbursement
P-2008 State House 63 CA

Candidate Name
Bill Emmerson

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B214245

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2850.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) Citizens for Delores Kelley	Transaction ID: B214257 Date of Disbursement
Mailing Address P.O. Box 21514	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 8</div> </div>
City Baltimore State MD Zip Code 21282	Amount of Each Disbursement this Period
Purpose of Disbursement O-2010 State Senate 10 MD	<div>500.00</div>
Candidate Name Delores G Kelley	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Election Cycle	
B. Full Name (Last, First, Middle Initial) Friends of James E. Malone Jr.	Transaction ID: B214254 Date of Disbursement
Mailing Address 1010 Hull Street #202	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 8</div> </div>
City Baltimore State MD Zip Code 21230	Amount of Each Disbursement this Period
Purpose of Disbursement O-2010 State House 12A MD	<div>250.00</div>
Candidate Name James E Malone, Jr.	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Election Cycle	
C. Full Name (Last, First, Middle Initial) Dr. Phil Polakoff for Asmbly '08 #1301658	Transaction ID: B214253 Date of Disbursement
Mailing Address 1127 11th Street Suite 505	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 8</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement P-2008 State House 14 CA	<div>1000.00</div>
Candidate Name Phil Polakoff	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Friends of Sharon Runner ID#1294002

Mailing Address P.O. Box 471

City Sacramento State CA Zip Code 95812

Purpose of Disbursement
P-2012 State Senate 17 CA

Candidate Name
Sharon Runner

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B214244

Date of Disbursement

05 / 12 / 2008

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
Friends of Mimi Walters ID# 1292693

Mailing Address P.O. Box 471

City Sacramento State CA Zip Code 95812

Purpose of Disbursement
P-2008 State Senate 33 CA

Candidate Name
Marian Walters

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B214242

Date of Disbursement

05 / 12 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
LA House Democratic Campaign Cmte.

Mailing Address P.O. Box 4385

City Baton Rouge State LA Zip Code 70821

Purpose of Disbursement
O-2008 State Party Cmte LA

Candidate Name
LA House Democratic Campaign Cmte.

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B214632

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Louisiana Republican Legislative Delegation

Mailing Address P.O. Box 44422

City State Zip Code
Baton Rouge LA 70804Purpose of Disbursement
O-2008 State Party Cmte LACandidate Name
Louisiana Republican Legislative Delegation011
Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2008
	<input type="checkbox"/> Senate	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼	
State:	District:	Not Applicable	

Transaction ID: B214631

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

LA Senate Democratic Campaign Cmte.

Mailing Address PO Box 4385

City State Zip Code
Baton Rouge LA 70821Purpose of Disbursement
O-2008 State Party Cmte LACandidate Name
LA Senate Democratic Campaign Cmte.011
Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2008
	<input type="checkbox"/> Senate	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼	
State:	District:	Not Applicable	

Transaction ID: B214633

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Friends of Dereck Davis

Mailing Address 17 W. Courtland St. #210

City State Zip Code
Bel Air MD 21014Purpose of Disbursement
O-2010 State House 25 MDCandidate Name
Dereck E Davis011
Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2010
	<input type="checkbox"/> Senate	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼	
State:	District:	Election Cycle	

Transaction ID: B214629

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Senfronia Thompson Campaign

Mailing Address 1301 Travis Suite 300

City Houston State TX Zip Code 77002

Purpose of Disbursement
G-2008 State House 141 TX

Candidate Name
Senfronia Thompson

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B215902

Date of Disbursement

05 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Stuart Waldman for Assembly ID#1282154

Mailing Address 770 L Street #950

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
P-2008 State House 40 CA

Candidate Name
Start Waldman

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B215899

Date of Disbursement

05 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Cmte to Elect Allan Kittleman

Mailing Address 3102 Fox Valley Road

City West Friendship State MD Zip Code 21794

Purpose of Disbursement
O-2010 State Senate 09 MD

Candidate Name
Allan H. Kittleman

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Election Cycle

Transaction ID: B216280

Date of Disbursement

05 / 28 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 215 / 216

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Mary Ann Love

Mailing Address 17 West Courtland St. Suite 210

City State Zip Code
Bel Air MD 21014Purpose of Disbursement
O-2010 State House 32 MDCandidate Name
Mary Ann LoveOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Election Cycle

Transaction ID: B216279

Date of Disbursement

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

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Senate Republican Campaign Cmte

Mailing Address P.O. Box 792

City State Zip Code
Harrisburg PA 17108Purpose of Disbursement
O-2008 State Party Cmte PACandidate Name
Senate Republican Campaign CmteOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Not Applicable

Transaction ID: B216482

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

21350.00

Image# 28931893433

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.
