

**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

2007

through

05

31

2007

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

18

2007

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. 02/2003)

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	7

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		127951.82
(b) Cash on Hand at Beginning of Reporting Period	194854.02	
(c) Total Receipts (from Line 19)	30246.38	154341.62
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	225100.40	282293.44
7. Total Disbursements (from Line 31)	24327.63	81520.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	200772.77	200772.77
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. 02/2003)

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	7

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	7

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	24412.41	76753.56
(i) Itemized (use Schedule A)		
(ii) Unitemized	5800.21	77346.26
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	30212.62	154099.82
(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) ➤	30212.62	154099.82
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)	30.00	230.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	3.76	11.80
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))	30246.38	154341.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30246.38	154341.62

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.....	77.63	620.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	77.63	620.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	66000.00
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.....	13750.00	14900.00
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))..	24327.63	81520.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	24327.63	81520.67

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)	30212.62	154099.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30212.62	154099.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	77.63	620.67
37. Offsets to Operating Expenditures (from Line 15, page 3)	30.00	230.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	47.63	390.67

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

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

FOR LINE NUMBER: PAGE 6 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
REBECCA A ABEL

Mailing Address 657 CORAL COURT

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
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 / 1 1 / 2 0 0 7

Transaction ID: A2007-900290

Amount of Each Receipt this Period

21.80

B. Full Name (Last, First, Middle Initial)
REBECCA A ABEL

Mailing Address 657 CORAL COURT

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
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 5 / 2 0 0 7

Transaction ID: A2007-900725

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 State Zip Code
GAGES LAKE IL 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 ▼

205.96

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900451

Amount of Each Receipt this Period

19.06

SUBTOTAL of Receipts This Page (optional)

62.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JONES G ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code
 LAKE VILLA IL 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 ▼

285.20

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900211

Amount of Each Receipt this Period

29.35

Full Name (Last, First, Middle Initial)

B. JONES G ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code
 LAKE VILLA IL 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 ▼

314.55

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900646

Amount of Each Receipt this Period

29.35

Full Name (Last, First, Middle Initial)

C. LORA L ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code
 LAKE VILLA IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.25

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900275

Amount of Each Receipt this Period

31.15

SUBTOTAL of Receipts This Page (optional)

89.85

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LORAL ADUKEH
Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code
LAKE VILLA IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.40

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900710

Amount of Each Receipt this Period

31.15

B. Full Name (Last, First, Middle Initial)
PATRICIA A AITKEN
Mailing Address 1245 CARIBOU LANE

City State Zip Code
HOFFMAN ESTATES IL 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 ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900048

Amount of Each Receipt this Period

20.52

C. Full Name (Last, First, Middle Initial)
PATRICIA A AITKEN
Mailing Address 1245 CARIBOU LANE

City State Zip Code
HOFFMAN ESTATES IL 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 ▼

221.52

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900482

Amount of Each Receipt this Period

20.52

SUBTOTAL of Receipts This Page (optional)

72.19

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
NANCY H ANDERSON

Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code
 HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Accounting Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.80

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900056

Amount of Each Receipt this Period

27.82

B. Full Name (Last, First, Middle Initial)
NANCY H ANDERSON

Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code
 HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Accounting Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.62

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900490

Amount of Each Receipt this Period

27.82

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

Mailing Address 438 MITCHELL DRIVE

City State Zip Code
 GRAYS LAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP Enterprise Infrastruct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.69

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899893

Amount of Each Receipt this Period

67.73

SUBTOTAL of Receipts This Page (optional)

123.37

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 10 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City State Zip Code
 GRAYS LAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP Enterprise Infrastruct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.42

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900328

Amount of Each Receipt this Period

67.73

Full Name (Last, First, Middle Initial)

B. CHARLES C BAGGS

Mailing Address 4435 SWILCAN BRIDGE LANE N

City State Zip Code
 JACKSONVILLE FL 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 ▼

299.27

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899988

Amount of Each Receipt this Period

30.55

Full Name (Last, First, Middle Initial)

C. CHARLES C BAGGS

Mailing Address 4435 SWILCAN BRIDGE LANE N

City State Zip Code
 JACKSONVILLE FL 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 ▼

329.82

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900423

Amount of Each Receipt this Period

30.55

SUBTOTAL of Receipts This Page (optional)

128.83

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 DIANE G BAKER
 Mailing Address 120 EAST SHERIDAN RD

City State Zip Code
 LAKE BLUFF IL 60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP-PRODUCT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.35

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899984

Amount of Each Receipt this Period

49.61

B. Full Name (Last, First, Middle Initial)
 DIANE G BAKER
 Mailing Address 120 EAST SHERIDAN RD

City State Zip Code
 LAKE BLUFF IL 60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP-PRODUCT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.96

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900419

Amount of Each Receipt this Period

49.61

C. Full Name (Last, First, Middle Initial)
 ALEXANDRA BALATSOUKAS
 Mailing Address 992 WEEPING WAY LANE

City State Zip Code
 AVON IN 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 ▼

254.05

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900184

Amount of Each Receipt this Period

25.86

SUBTOTAL of Receipts This Page (optional)

125.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ALEXANDRA BALATSOUKAS

Mailing Address 992 WEEPING WAY LANE

City State Zip Code
 AVON IN 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 ▼

279.91

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900619

Amount of Each Receipt this Period

25.86

Full Name (Last, First, Middle Initial)

B. GARRY J BALLEK

Mailing Address 1013 MASON LANE

City State Zip Code
 LAKE IN THE HIL IL 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 ▼

207.88

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900546

Amount of Each Receipt this Period

18.98

Full Name (Last, First, Middle Initial)

C. WILLIAM P BALLINGER

Mailing Address 47530 ABERDEEN DR

City State Zip Code
 NOVI MI 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 ▼

327.33

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899962

Amount of Each Receipt this Period

33.72

SUBTOTAL of Receipts This Page (optional)

78.56

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM P BALLINGER

Mailing Address 47530 ABERDEEN DR

City State Zip Code
 NOVI MI 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 ▼

361.05

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900397

Amount of Each Receipt this Period

33.72

Full Name (Last, First, Middle Initial)

B. ROBERT H BARGE III

Mailing Address 2222 LOCH WAY

City State Zip Code
 EL DORADO HILLS CA 95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.97

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900288

Amount of Each Receipt this Period

65.18

Full Name (Last, First, Middle Initial)

C. ROBERT H BARGE III

Mailing Address 2222 LOCH WAY

City State Zip Code
 EL DORADO HILLS CA 95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

691.15

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900723

Amount of Each Receipt this Period

65.18

SUBTOTAL of Receipts This Page (optional)

164.08

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 14 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DAVID J BAUMGARDNER

Mailing Address 12620 Lake Normandy Lane

City	State	Zip Code
Fairfax	VA	22030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	7

Transaction ID: A2007-900024

Amount of Each Receipt this Period

24.67

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

Mailing Address 80 RAVINE DRIVE

City	State	Zip Code
COLONIA	NJ	07067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Regional Distribution Lea

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	5	/	2	0	0	7

Transaction ID: A2007-900345

Amount of Each Receipt this Period

19.88

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

Mailing Address 1781 TUDOR LANE # 309

City	State	Zip Code
NORTHBROOK	IL	60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	7

Transaction ID: A2007-900505

Amount of Each Receipt this Period

18.75

SUBTOTAL of Receipts This Page (optional)

63.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 DIANE BELLAS
 Mailing Address 632 Concord Way

City State Zip Code
 Prospect Heights IL 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 ▼

238.45

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900078

Amount of Each Receipt this Period

24.38

B. Full Name (Last, First, Middle Initial)
 DIANE BELLAS
 Mailing Address 632 Concord Way

City State Zip Code
 Prospect Heights IL 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 ▼

262.83

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900512

Amount of Each Receipt this Period

24.38

C. Full Name (Last, First, Middle Initial)
 WALTER A BERKOWICZ
 Mailing Address 405 GATESHEAD DRIVE

City State Zip Code
 NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.50

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900145

Amount of Each Receipt this Period

31.76

SUBTOTAL of Receipts This Page (optional)

80.52

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. WALTER A BERKOWICZ

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code
 NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.26

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900580

Amount of Each Receipt this Period

31.76

Full Name (Last, First, Middle Initial)

B. EDWARD A BIEMER

Mailing Address 807 Greenwood Ave.

City State Zip Code
 GLENCOE IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP and President Broker D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.49

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899931

Amount of Each Receipt this Period

38.84

Full Name (Last, First, Middle Initial)

C. EDWARD A BIEMER

Mailing Address 807 Greenwood Ave.

City State Zip Code
 GLENCOE IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP and President Broker D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.33

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900366

Amount of Each Receipt this Period

38.84

SUBTOTAL of Receipts This Page (optional)

109.44

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DAVID G BIEMILLER
Mailing Address 480 LEES LAKE RD

City State Zip Code
FAYETTEVILLE GA 30214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.29

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900436

Amount of Each Receipt this Period

19.19

B. Full Name (Last, First, Middle Initial)
DAVID A BIRD
Mailing Address 24567 HARBOUR VIEW DRIVE

City State Zip Code
PONTE VEDRA BEA FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
President-Allstate Workpl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.16

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900214

Amount of Each Receipt this Period

38.40

C. Full Name (Last, First, Middle Initial)
DAVID A BIRD
Mailing Address 24567 HARBOUR VIEW DRIVE

City State Zip Code
PONTE VEDRA BEA FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
President-Allstate Workpl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.56

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900649

Amount of Each Receipt this Period

38.40

SUBTOTAL of Receipts This Page (optional)

95.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ROBERT L BLOCK
Mailing Address 398 Brookmont Lane

City State Zip Code
North Barrington IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Investor R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.17

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900200

Amount of Each Receipt this Period

59.62

B. Full Name (Last, First, Middle Initial)
ROBERT L BLOCK
Mailing Address 398 Brookmont Lane

City State Zip Code
North Barrington IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Investor R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.79

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900635

Amount of Each Receipt this Period

59.62

C. 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 ▼

468.43

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900031

Amount of Each Receipt this Period

48.46

SUBTOTAL of Receipts This Page (optional)

167.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

516.89

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900465

Amount of Each Receipt this Period

48.46

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 ▼

252.55

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900285

Amount of Each Receipt this Period

26.11

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 ▼

278.66

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900720

Amount of Each Receipt this Period

26.11

SUBTOTAL of Receipts This Page (optional)

100.68

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL B BOYLE
Mailing Address 1063 CHERRY STREET

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Info Techn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

719.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899966

Amount of Each Receipt this Period

73.92

B. Full Name (Last, First, Middle Initial)
MICHAEL B BOYLE
Mailing Address 1063 CHERRY STREET

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Info Techn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

793.24

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900401

Amount of Each Receipt this Period

73.92

C. 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 ▼

230.88

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900251

Amount of Each Receipt this Period

23.47

SUBTOTAL of Receipts This Page (optional)

171.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

254.35

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900686

Amount of Each Receipt this Period

23.47

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 ▼

218.48

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900652

Amount of Each Receipt this Period

19.88

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

Mailing Address 21285 S. BOSCHOME CIRCLE

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.43

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900533

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

63.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code
 LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.20

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900087

Amount of Each Receipt this Period

39.06

Full Name (Last, First, Middle Initial)

B. SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code
 LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.26

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900521

Amount of Each Receipt this Period

39.06

Full Name (Last, First, Middle Initial)

C. DAVID C BROCK

Mailing Address 305 CHURCHILL LANE

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.40

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899974

Amount of Each Receipt this Period

34.81

SUBTOTAL of Receipts This Page (optional)

112.93

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DAVID C BROCK
Mailing Address 305 CHURCHILL LANE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.21

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900409

Amount of Each Receipt this Period

34.81

B. Full Name (Last, First, Middle Initial)
WILLIAM F BROKAW
Mailing Address 3 MILTON CT

City State Zip Code
CARY IL 60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900516

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 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 5 / 2 0 0 7

Transaction ID: A2007-900468

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

74.57

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

Mailing Address 5886 TEAL LANE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.58

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900614

Amount of Each Receipt this Period

19.88

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

Mailing Address 190 SAVANNA CT

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP & Chief Information O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.03

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899987

Amount of Each Receipt this Period

173.08

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

Mailing Address 190 SAVANNA CT

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP & Chief Information O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1898.11

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900422

Amount of Each Receipt this Period

173.08

SUBTOTAL of Receipts This Page (optional)

366.04

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 25 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ANNE MARIE L BRUNNER

Mailing Address 2514 SOUTH WESLEY AVE

City	State	Zip Code
BERWYN	IL	60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	7

Transaction ID: A2007-900083

Amount of Each Receipt this Period

34.55

Full Name (Last, First, Middle Initial)

B. ANNE MARIE L BRUNNER

Mailing Address 2514 SOUTH WESLEY AVE

City	State	Zip Code
BERWYN	IL	60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	7

Transaction ID: A2007-900517

Amount of Each Receipt this Period

34.55

Full Name (Last, First, Middle Initial)

C. JOHN C BRUSE

Mailing Address 1434 WOODACRE DRIVE

City	State	Zip Code
MC LEAN	VA	22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President & Ast Gene

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	7

Transaction ID: A2007-900264

Amount of Each Receipt this Period

35.30

SUBTOTAL of Receipts This Page (optional)

104.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN C BRUSE

Mailing Address 1434 WOODACRE DRIVE

City State Zip Code
MC LEAN VA 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 ▼

379.20

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900699

Amount of Each Receipt this Period

35.30

Full Name (Last, First, Middle Initial)

B. DAVID N BUGGS

Mailing Address 12234 85TH AVE

City State Zip Code
PLEASANT PR WI 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 ▼

319.80

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900201

Amount of Each Receipt this Period

32.14

Full Name (Last, First, Middle Initial)

C. DAVID N BUGGS

Mailing Address 12234 85TH AVE

City State Zip Code
PLEASANT PR WI 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 ▼

351.94

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900636

Amount of Each Receipt this Period

32.14

SUBTOTAL of Receipts This Page (optional)

99.58

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KAREN E BURCKHARDT
Mailing Address 730 E. HAWTHORNE

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-Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.14

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900199

Amount of Each Receipt this Period

41.46

B. Full Name (Last, First, Middle Initial)
KAREN E BURCKHARDT
Mailing Address 730 E. HAWTHORNE

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-Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.60

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900634

Amount of Each Receipt this Period

41.46

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 ▼

284.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900230

Amount of Each Receipt this Period

28.43

SUBTOTAL of Receipts This Page (optional)

111.35

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
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 5 / 2 0 0 7

Transaction ID: A2007-900665

Amount of Each Receipt this Period

28.43

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

Mailing Address 9309 ELIZABETH LANE

City State Zip Code
SPRING GROVE IL 60081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

847.65

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899879

Amount of Each Receipt this Period

86.76

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

Mailing Address 9309 ELIZABETH LANE

City State Zip Code
SPRING GROVE IL 60081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

934.41

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900314

Amount of Each Receipt this Period

86.76

SUBTOTAL of Receipts This Page (optional)

201.95

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 29 / 204

(check only one)

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

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) 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 516.80		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-899985 Amount of Each Receipt this Period <table border="1"> <tr> <td>52.73</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	7	52.73
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	1		2	0	0	7														
52.73																							
B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 569.53		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-900420 Amount of Each Receipt this Period <table border="1"> <tr> <td>52.73</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	0	7	52.73
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	5		2	0	0	7														
52.73																							
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 585.90		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-900185 Amount of Each Receipt this Period <table border="1"> <tr> <td>60.41</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	7	60.41
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	1		2	0	0	7														
60.41																							

SUBTOTAL of Receipts This Page (optional)

165.87

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DEBORAH K CAMPBELL

Mailing Address 21863 NORTH TALL OAKS COURT

City State Zip Code
 KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.31

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900620

Amount of Each Receipt this Period

60.41

Full Name (Last, First, Middle Initial)

B. IRIS M CHESTER

Mailing Address 643 ST GEORGE CT

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.86

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900210

Amount of Each Receipt this Period

21.54

Full Name (Last, First, Middle Initial)

C. IRIS M CHESTER

Mailing Address 643 ST GEORGE CT

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.40

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900645

Amount of Each Receipt this Period

21.54

SUBTOTAL of Receipts This Page (optional)

103.49

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 31 / 204

(check only one)

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

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)
VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Communication Senior Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.57

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900589

Amount of Each Receipt this Period

19.65

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

Mailing Address 20713 LEXINGTON LANE

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	7

Transaction ID: A2007-900135

Amount of Each Receipt this Period

37.24

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

Mailing Address 20713 LEXINGTON LANE

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900570

Amount of Each Receipt this Period

37.24

SUBTOTAL of Receipts This Page (optional)

94.13

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 32 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

Mailing Address 2907 GLENARYE DR

City State Zip Code
LINDENHURST IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Regional Marketing Manage

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.93

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900597

Amount of Each Receipt this Period

19.34

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

Mailing Address 26115 N 104TH WAY

City State Zip Code
SCOTTSDALE AZ 85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	7

Transaction ID: A2007-899911

Amount of Each Receipt this Period

42.80

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

Mailing Address 26115 N 104TH WAY

City State Zip Code
SCOTTSDALE AZ 85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900346

Amount of Each Receipt this Period

42.80

SUBTOTAL of Receipts This Page (optional)

104.94

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 33 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MARK P CLOGHESSY

Mailing Address 4343 LAWN AVE

City State Zip Code
 WESTERN SPRINGS IL 60558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.42

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900023

Amount of Each Receipt this Period

33.17

Full Name (Last, First, Middle Initial)

B. MARK P CLOGHESSY

Mailing Address 4343 LAWN AVE

City State Zip Code
 WESTERN SPRINGS IL 60558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.59

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900458

Amount of Each Receipt this Period

33.17

Full Name (Last, First, Middle Initial)

C. DEBORAH L CLOUSER

Mailing Address 4667 TAMWORTH DR

City State Zip Code
 PALM HARBOR FL 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.70

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900161

Amount of Each Receipt this Period

27.83

SUBTOTAL of Receipts This Page (optional)

94.17

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 34 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DEBORAH L CLOUSER

Mailing Address 4667 TAMWORTH DR

City State Zip Code
 PALM HARBOR FL 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.53

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900596

Amount of Each Receipt this Period

27.83

Full Name (Last, First, Middle Initial)

B. LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City State Zip Code
 WINNETKA IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.70

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900123

Amount of Each Receipt this Period

31.62

Full Name (Last, First, Middle Initial)

C. LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City State Zip Code
 WINNETKA IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.32

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900558

Amount of Each Receipt this Period

31.62

SUBTOTAL of Receipts This Page (optional)

91.07

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

EDWARD 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 ▼

439.02

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900072

Amount of Each Receipt this Period

39.77

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

EDWARD T COLLINS

Mailing Address 809 DUNHILL COURT

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.79

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900506

Amount of Each Receipt this Period

39.77

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 ▼

286.70

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900126

Amount of Each Receipt this Period

29.23

SUBTOTAL of Receipts This Page (optional)

108.77

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 36 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL P 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 CompanyOccupation
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.93

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900561

Amount of Each Receipt this Period

29.23

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

Mailing Address 14 Portrush Place

City State Zip Code
BRENTWOOD TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	7

Transaction ID: A2007-900224

Amount of Each Receipt this Period

66.85

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

Mailing Address 14 Portrush Place

City State Zip Code
BRENTWOOD TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

717.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900659

Amount of Each Receipt this Period

66.85

SUBTOTAL of Receipts This Page (optional)

162.93

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 37 / 204

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS J CREAGH

Mailing Address 4008 NORTH HIGHLAND AVENUE

City State Zip Code
 ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.19

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900348

Amount of Each Receipt this Period

19.79

Full Name (Last, First, Middle Initial)

B. WILLIAM G CRIMMINS

Mailing Address 218 S KASPAR

City State Zip Code
 ARLINGTON HGTS. IL 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 ▼

685.14

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900032

Amount of Each Receipt this Period

70.32

Full Name (Last, First, Middle Initial)

C. WILLIAM G CRIMMINS

Mailing Address 218 S KASPAR

City State Zip Code
 ARLINGTON HGTS. IL 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 ▼

755.46

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900466

Amount of Each Receipt this Period

70.32

SUBTOTAL of Receipts This Page (optional)

160.43

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 38 / 204

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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 ▼

724.62

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900026

Amount of Each Receipt this Period

80.77

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 ▼

805.39

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900460

Amount of Each Receipt this Period

80.77

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 ▼

667.01

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899944

Amount of Each Receipt this Period

68.43

SUBTOTAL of Receipts This Page (optional)

229.97

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 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 ▼

735.44

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900379

Amount of Each Receipt this Period

68.43

B. Full Name (Last, First, Middle Initial)
 JOAN M CROCKETT
 Mailing Address 27 RIVER BEND CT

City State Zip Code
 LAKE BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1143.70

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900006

Amount of Each Receipt this Period

117.38

C. Full Name (Last, First, Middle Initial)
 JOAN M CROCKETT
 Mailing Address 27 RIVER BEND CT

City State Zip Code
 LAKE BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.08

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900441

Amount of Each Receipt this Period

117.38

SUBTOTAL of Receipts This Page (optional)

303.19

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 40 / 204

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
WILLIAM DALY
Mailing Address 22425 N LINDEN DR.

City State Zip Code
BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899930

Amount of Each Receipt this Period

37.52

B. Full Name (Last, First, Middle Initial)
WILLIAM DALY
Mailing Address 22425 N LINDEN DR.

City State Zip Code
BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.82

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900365

Amount of Each Receipt this Period

37.52

C. Full Name (Last, First, Middle Initial)
ROBERT W DANIELS
Mailing Address 1020 Pleasant Street #1

City State Zip Code
Oak Park IL 60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.81

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899973

Amount of Each Receipt this Period

34.47

SUBTOTAL of Receipts This Page (optional)

109.51

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

ROBERT W DANIELS

Mailing Address 1020 Pleasant Street #1

City State Zip Code
 Oak Park IL 60302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Communication Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.28

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900408

Amount of Each Receipt this Period

34.47

B. 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 Company

Occupation
AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.08

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900080

Amount of Each Receipt this Period

32.98

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 Company

Occupation
AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.06

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900514

Amount of Each Receipt this Period

32.98

SUBTOTAL of Receipts This Page (optional)

100.43

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

Mailing Address 6710 BLUE RIDGE LANE

City State Zip Code
LINCOLN NE 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 ▼

288.90

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900075

Amount of Each Receipt this Period

30.00

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

Mailing Address 6710 BLUE RIDGE LANE

City State Zip Code
LINCOLN NE 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 ▼

318.90

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900509

Amount of Each Receipt this Period

30.00

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

Mailing Address 1320 MULBERRY LN.

City State Zip Code
CARY IL 60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.65

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900010

Amount of Each Receipt this Period

35.45

SUBTOTAL of Receipts This Page (optional)

95.45

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 43 / 204

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. STEVEN J DEGNAN-SCHMIDT

Mailing Address 1320 MULBERRY LN.

City State Zip Code
CARY IL 60013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900445

Amount of Each Receipt this Period

35.45

Full Name (Last, First, Middle Initial)

B. JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Specialty Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.84

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900176

Amount of Each Receipt this Period

52.22

Full Name (Last, First, Middle Initial)

C. JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Specialty Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900611

Amount of Each Receipt this Period

52.22

SUBTOTAL of Receipts This Page (optional)

139.89

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LORI A DESCH
Mailing Address 5 TREGONWELL COURT

City State Zip Code
ALGONQUIN IL 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 ▼

304.80

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899999

Amount of Each Receipt this Period

31.65

B. Full Name (Last, First, Middle Initial)
LORI A DESCH
Mailing Address 5 TREGONWELL COURT

City State Zip Code
ALGONQUIN IL 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 ▼

336.45

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900434

Amount of Each Receipt this Period

31.65

C. Full Name (Last, First, Middle Initial)
LEO DISHEL
Mailing Address 340 E 74TH ST APT 6C

City State Zip Code
NEW YORK NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.05

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899909

Amount of Each Receipt this Period

20.30

SUBTOTAL of Receipts This Page (optional)

83.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

Mailing Address 340 E 74TH ST APT 6C

City State Zip Code
NEW YORK NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900344

Amount of Each Receipt this Period

20.30

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

Mailing Address 4147 RFD

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Northbrook/Glenbrook

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.63

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900153

Amount of Each Receipt this Period

55.95

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

Mailing Address 4147 RFD

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Northbrook/Glenbrook

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.58

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900588

Amount of Each Receipt this Period

55.95

SUBTOTAL of Receipts This Page (optional)

132.20

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 PHILIP J DORN
 Mailing Address 12 SAINT JOHN DRIVE

City State Zip Code
 HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Investor Relations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.02

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900270

Amount of Each Receipt this Period

19.88

B. Full Name (Last, First, Middle Initial)
 PHILIP J DORN
 Mailing Address 12 SAINT JOHN DRIVE

City State Zip Code
 HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Investor Relations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.90

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900705

Amount of Each Receipt this Period

19.88

C. Full Name (Last, First, Middle Initial)
 DANIEL C DRESSSEL
 Mailing Address 1706 ADLER LANE

City State Zip Code
 MALVERN PA 19355

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Claims Field Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.33

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900382

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 204

(check only one)

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

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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 CompanyOccupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	7

Transaction ID: A2007-900258

Amount of Each Receipt this Period

29.65

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

Mailing Address 3220 SANDY LANE

City	State	Zip Code
GLENVIEW	IL	60025

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	7

Transaction ID: A2007-900693

Amount of Each Receipt this Period

29.65

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 CompanyOccupation
AVP Strategy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	7

Transaction ID: A2007-900138

Amount of Each Receipt this Period

22.19

SUBTOTAL of Receipts This Page (optional)

81.49

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

235.27

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900573

Amount of Each Receipt this Period

22.19

B. Full Name (Last, First, Middle Initial)
DANIEL P DURBIN
Mailing Address 1311 SOUTH WALNUT AVE.

City State Zip Code
ARLINGTON HTS. IL 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AF Operations Dept Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.65

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900159

Amount of Each Receipt this Period

27.70

C. Full Name (Last, First, Middle Initial)
DANIEL P DURBIN
Mailing Address 1311 SOUTH WALNUT AVE.

City State Zip Code
ARLINGTON HTS. IL 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AF Operations Dept Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.35

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900594

Amount of Each Receipt this Period

27.70

SUBTOTAL of Receipts This Page (optional)

77.59

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN EDELEN

Mailing Address 1250 So Indiana - Unit 1309

City State Zip Code
 Chicago IL 60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP P-CCSO Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.36

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899932

Amount of Each Receipt this Period

41.97

Full Name (Last, First, Middle Initial)

B. JOHN EDELEN

Mailing Address 1250 So Indiana - Unit 1309

City State Zip Code
 Chicago IL 60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP P-CCSO Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.33

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900367

Amount of Each Receipt this Period

41.97

Full Name (Last, First, Middle Initial)

C. NINA B EIDELL

Mailing Address 25 E. Superior # 11B

City State Zip Code
 CHICAGO IL 60611

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 ▼

614.26

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899883

Amount of Each Receipt this Period

62.28

SUBTOTAL of Receipts This Page (optional)

146.22

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
NINA B EIDELL
Mailing Address 25 E. Superior # 11B

City State Zip Code
CHICAGO IL 60611

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 ▼

676.54

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900318

Amount of Each Receipt this Period

62.28

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 ▼

587.75

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899912

Amount of Each Receipt this Period

60.00

C. 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 ▼

647.75

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900347

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

182.28

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

339.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900167

Amount of Each Receipt this Period

34.69

B. Full Name (Last, First, Middle Initial)
KATHLEEN N ENRIGHT
Mailing Address 10323 TRUMBULL AVE

City State Zip Code
CHICAGO IL 60655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900602

Amount of Each Receipt this Period

34.69

C. Full Name (Last, First, Middle Initial)
MICHAEL L ESCOBAR
Mailing Address 660 BALMORAL LANE

City State Zip Code
INVERNESS IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Finance Innovation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899894

Amount of Each Receipt this Period

50.18

SUBTOTAL of Receipts This Page (optional)

119.56

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City State Zip Code
 INVERNESS IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Finance Innovation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.80

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900329

Amount of Each Receipt this Period

50.18

Full Name (Last, First, Middle Initial)

B. RICHARD B ESPINOZA

Mailing Address 673 HASTINGS ROAD

City State Zip Code
 WHEELING IL 60090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Unclassified Sr Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.25

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900094

Amount of Each Receipt this Period

31.02

Full Name (Last, First, Middle Initial)

C. RICHARD B ESPINOZA

Mailing Address 673 HASTINGS ROAD

City State Zip Code
 WHEELING IL 60090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Unclassified Sr Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.27

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900528

Amount of Each Receipt this Period

31.02

SUBTOTAL of Receipts This Page (optional)

112.22

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City State Zip Code
 BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.36

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899928

Amount of Each Receipt this Period

41.69

Full Name (Last, First, Middle Initial)

B. THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City State Zip Code
 BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.05

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900363

Amount of Each Receipt this Period

41.69

Full Name (Last, First, Middle Initial)

C. DOROTHY EVEN

Mailing Address 1130 KEYSTONE AVENUE

City State Zip Code
 RIVER FOREST IL 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 ▼

797.10

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900070

Amount of Each Receipt this Period

81.81

SUBTOTAL of Receipts This Page (optional)

165.19

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DOROTHY EVEN
Mailing Address 1130 KEYSTONE AVENUE

City State Zip Code
RIVER FOREST IL 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 ▼

878.91

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900504

Amount of Each Receipt this Period

81.81

B. Full Name (Last, First, Middle Initial)
KATHRYN L FABYAN
Mailing Address 21209 WEST YORKSHIRE DRIVE

City State Zip Code
KILDEER IL 60049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.20

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900209

Amount of Each Receipt this Period

37.85

C. Full Name (Last, First, Middle Initial)
KATHRYN L FABYAN
Mailing Address 21209 WEST YORKSHIRE DRIVE

City State Zip Code
KILDEER IL 60049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.05

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900644

Amount of Each Receipt this Period

37.85

SUBTOTAL of Receipts This Page (optional)

157.51

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
GORDON S FALKNOR
Mailing Address 703 E CHERRY LN

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.42

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900091

Amount of Each Receipt this Period

45.99

B. Full Name (Last, First, Middle Initial)
GORDON S FALKNOR
Mailing Address 703 E CHERRY LN

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.41

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900525

Amount of Each Receipt this Period

45.99

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

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Regional Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.45

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900188

Amount of Each Receipt this Period

25.55

SUBTOTAL of Receipts This Page (optional)

117.53

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 56 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

Mailing Address 918 JUNIPER ROAD

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Senior Regional Marketing

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	5		2	0	0	7

Transaction ID: A2007-900623

Amount of Each Receipt this Period

25.55

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

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code
ANTIOCH IL 60002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	7

Transaction ID: A2007-899936

Amount of Each Receipt this Period

24.90

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

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code
ANTIOCH IL 60002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900371

Amount of Each Receipt this Period

24.90

SUBTOTAL of Receipts This Page (optional)

75.35

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. DARYLL D FLETCHER

Mailing Address 22256 W MASHI CT

City State Zip Code
 IVANHOE IL 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 ▼

271.76

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900062

Amount of Each Receipt this Period

27.89

Full Name (Last, First, Middle Initial)

B. DARYLL D FLETCHER

Mailing Address 22256 W MASHI CT

City State Zip Code
 IVANHOE IL 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 ▼

299.65

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900496

Amount of Each Receipt this Period

27.89

Full Name (Last, First, Middle Initial)

C. KELLY F FOGARTY

Mailing Address 613 REX

City State Zip Code
 ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Specialty Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.79

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900086

Amount of Each Receipt this Period

37.08

SUBTOTAL of Receipts This Page (optional)

92.86

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

KELLY F FOGARTY

Mailing Address 613 REX

City State Zip Code
 ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Specialty Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.87

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900520

Amount of Each Receipt this Period

37.08

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

PATRICIA W FRIDLEY

Mailing Address 945 Shermer Road

City State Zip Code
 NORTHBROOK IL 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 ▼

654.93

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900014

Amount of Each Receipt this Period

74.31

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

PATRICIA W FRIDLEY

Mailing Address 945 Shermer Road

City State Zip Code
 NORTHBROOK IL 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 ▼

729.24

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900449

Amount of Each Receipt this Period

74.31

SUBTOTAL of Receipts This Page (optional)

185.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

397.70

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900013

Amount of Each Receipt this Period

39.77

B. 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 5 / 2 0 0 7

Transaction ID: A2007-900448

Amount of Each Receipt this Period

39.77

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 ▼

264.80

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899946

Amount of Each Receipt this Period

26.97

SUBTOTAL of Receipts This Page (optional)

106.51

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. 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 ▼

291.77

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900381

Amount of Each Receipt this Period

26.97

Full Name (Last, First, Middle Initial)

B. VINCENT A FUSCO

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code
 DIX HILLS NY 11746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.64

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899892

Amount of Each Receipt this Period

22.66

Full Name (Last, First, Middle Initial)

C. VINCENT A FUSCO

Mailing Address 6 SUGAR MAPLE COURT

City State Zip Code
 DIX HILLS NY 11746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.30

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900327

Amount of Each Receipt this Period

22.66

SUBTOTAL of Receipts This Page (optional)

72.29

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

DOUGLAS F GAER

Mailing Address 5610 SOUTH 88th STREET

City State Zip Code
 LINCOLN NE 68526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Nebraska Service Cent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900244

Amount of Each Receipt this Period

22.30

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

DOUGLAS F GAER

Mailing Address 5610 SOUTH 88th STREET

City State Zip Code
 LINCOLN NE 68526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Nebraska Service Cent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.30

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900679

Amount of Each Receipt this Period

22.30

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

PATRICK C GALLERY

Mailing Address 2321 WEST STEEPLECHASE

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President & Assistan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.32

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899950

Amount of Each Receipt this Period

58.63

SUBTOTAL of Receipts This Page (optional)

103.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. 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 ▼

629.95

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900385

Amount of Each Receipt this Period

58.63

Full Name (Last, First, Middle Initial)

B. 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 ▼

664.79

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900242

Amount of Each Receipt this Period

68.18

Full Name (Last, First, Middle Initial)

C. 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 ▼

732.97

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900677

Amount of Each Receipt this Period

68.18

SUBTOTAL of Receipts This Page (optional)

194.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOSEPH E GARNETT

Mailing Address 507 OLD WALNUT CIRCLE

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.98

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900333

Amount of Each Receipt this Period

18.98

Full Name (Last, First, Middle Initial)

B. LYNN A GEHANT

Mailing Address 23W650 WOODWORTH PLACE

City State Zip Code
 ROSELLE IL 60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.60

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900095

Amount of Each Receipt this Period

36.07

Full Name (Last, First, Middle Initial)

C. LYNN A GEHANT

Mailing Address 23W650 WOODWORTH PLACE

City State Zip Code
 ROSELLE IL 60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.67

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900529

Amount of Each Receipt this Period

36.07

SUBTOTAL of Receipts This Page (optional)

91.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

297.74

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900243

Amount of Each Receipt this Period

30.53

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 ▼

328.27

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900678

Amount of Each Receipt this Period

30.53

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 ▼

459.76

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899895

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

100.83

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. 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 ▼

499.53

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900330

Amount of Each Receipt this Period

39.77

Full Name (Last, First, Middle Initial)

B. MARLA F GLABE

Mailing Address 83 CARIBOU CROSSING

City State Zip Code
 NORTHBROOK IL 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 ▼

691.41

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900132

Amount of Each Receipt this Period

71.01

Full Name (Last, First, Middle Initial)

C. MARLA F GLABE

Mailing Address 83 CARIBOU CROSSING

City State Zip Code
 NORTHBROOK IL 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 ▼

762.42

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900567

Amount of Each Receipt this Period

71.01

SUBTOTAL of Receipts This Page (optional)

181.79

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 ROBERT J GLOD
 Mailing Address 1016 N. DERBYSHIRE

City State Zip Code
 ARLINGTON HTS IL 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 ▼

203.47

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900503

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 State Zip Code
 LIBERTYVILLE IL 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 ▼

262.53

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899998

Amount of Each Receipt this Period

26.89

C. Full Name (Last, First, Middle Initial)
 BARBARA H GOHR
 Mailing Address 1601 OLD BARN CIRCLE

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 AVP Administrative Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.42

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900433

Amount of Each Receipt this Period

26.89

SUBTOTAL of Receipts This Page (optional)

72.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 BRUCE R GOLDBERG
 Mailing Address 10 MULBERRY LN

City State Zip Code
 HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.47

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900054

Amount of Each Receipt this Period

19.88

B. Full Name (Last, First, Middle Initial)
 BRUCE R GOLDBERG
 Mailing Address 10 MULBERRY LN

City State Zip Code
 HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.35

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900488

Amount of Each Receipt this Period

19.88

C. Full Name (Last, First, Middle Initial)
 ANN A GOULD
 Mailing Address 4071 NEWPORT LANE

City State Zip Code
 ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.55

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900299

Amount of Each Receipt this Period

31.84

SUBTOTAL of Receipts This Page (optional)

71.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ANN A GOULD

Mailing Address 4071 NEWPORT LANE

City State Zip Code
 ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.39

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900734

Amount of Each Receipt this Period

31.84

Full Name (Last, First, Middle Initial)

B. GEORGE F GRAWE

Mailing Address 18799 GUNN HIGHWAY

City State Zip Code
 ODESSA FL 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 ▼

219.47

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899995

Amount of Each Receipt this Period

19.88

Full Name (Last, First, Middle Initial)

C. GEORGE F GRAWE

Mailing Address 18799 GUNN HIGHWAY

City State Zip Code
 ODESSA FL 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 ▼

239.35

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900430

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

71.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) PAMELA P GRAY		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 50 E. BELLEVUE PL. #2402		Transaction ID: A2007-900219
City CHICAGO	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.21
Name of Employer Allstate Insurance Company	Occupation Data Center Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.25	

B. Full Name (Last, First, Middle Initial) PAMELA P GRAY		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 50 E. BELLEVUE PL. #2402		Transaction ID: A2007-900654
City CHICAGO	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.21
Name of Employer Allstate Insurance Company	Occupation Data Center Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.46	

C. Full Name (Last, First, Middle Initial) JUDITH P GREFFIN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 948 NORTH EUCLID AVENUE		Transaction ID: A2007-900018
City OAK PARK	State IL	Zip Code 60302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.69
Name of Employer Allstate Insurance Company	Occupation Senior Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.79	

SUBTOTAL of Receipts This Page (optional)

90.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

Mailing Address 948 NORTH EUCLID AVENUE

City State Zip Code
OAK PARK IL 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 ▼

424.48

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900453

Amount of Each Receipt this Period

39.69

B. Full Name (Last, First, Middle Initial)
MARK A GRELLA

Mailing Address 1210 HADLEIGH DRIVE

City State Zip Code
WEST CHESTER PA 19380

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 ▼

468.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899923

Amount of Each Receipt this Period

48.13

C. Full Name (Last, First, Middle Initial)
MARK A GRELLA

Mailing Address 1210 HADLEIGH DRIVE

City State Zip Code
WEST CHESTER PA 19380

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 ▼

516.48

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900358

Amount of Each Receipt this Period

48.13

SUBTOTAL of Receipts This Page (optional)

135.95

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
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 Company

Occupation
AVP Finance AFW

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.03

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900187

Amount of Each Receipt this Period

22.31

B. 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 Company

Occupation
AVP Finance AFW

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.34

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900622

Amount of Each Receipt this Period

22.31

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

Mailing Address 6509 E. BETTY ELYSE LANE

City State Zip Code
 SCOTTSDALE AZ 85254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.24

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900709

Amount of Each Receipt this Period

18.54

SUBTOTAL of Receipts This Page (optional)

63.16

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KIRK HAGGARD
Mailing Address 6608 OCASO DRIVE

City State Zip Code
CASTLE ROCK CO 80108

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 ▼

266.90

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900295

Amount of Each Receipt this Period

27.34

B. Full Name (Last, First, Middle Initial)
KIRK HAGGARD
Mailing Address 6608 OCASO DRIVE

City State Zip Code
CASTLE ROCK CO 80108

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 ▼

294.24

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900730

Amount of Each Receipt this Period

27.34

C. Full Name (Last, First, Middle Initial)
JAMES W HAIDU
Mailing Address 3 South Wynstone

City State Zip Code
N. BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Ivantage AVP Specialty Li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.96

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900142

Amount of Each Receipt this Period

52.23

SUBTOTAL of Receipts This Page (optional)

106.91

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
JAMES W HAIDU
Mailing Address 3 South Wynstone

City State Zip Code
N. BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Ivantage AVP Specialty Li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.19

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900577

Amount of Each Receipt this Period

52.23

B. Full Name (Last, First, Middle Initial)
ROBERT F HAIR
Mailing Address 17 NORTH TRAIL

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 State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900300

Amount of Each Receipt this Period

25.71

C. Full Name (Last, First, Middle Initial)
ROBERT F HAIR
Mailing Address 17 NORTH TRAIL

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 State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900735

Amount of Each Receipt this Period

25.71

SUBTOTAL of Receipts This Page (optional)

103.65

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DANNY L HALE
Mailing Address 1071 OLMSTED DRIVE

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP Chf Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1370.05

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900208

Amount of Each Receipt this Period

140.61

B. Full Name (Last, First, Middle Initial)
DANNY L HALE
Mailing Address 1071 OLMSTED DRIVE

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
SVP Chf Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1510.66

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900643

Amount of Each Receipt this Period

140.61

C. Full Name (Last, First, Middle Initial)
RANDALL M HANSON
Mailing Address 840 ALLEGHANY

City State Zip Code
GRAYSLAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.35

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900252

Amount of Each Receipt this Period

30.93

SUBTOTAL of Receipts This Page (optional)

312.15

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 75 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 RANDALL M HANSON
 Mailing Address 840 ALLEGHANY

City State Zip Code
 GRAYSLAKE IL 60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.28

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900687

Amount of Each Receipt this Period

30.93

B. Full Name (Last, First, Middle Initial)
 MICHAEL L HARRISON
 Mailing Address 1141 WINNERS CIRCLE

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.50

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900305

Amount of Each Receipt this Period

132.55

C. Full Name (Last, First, Middle Initial)
 MICHAEL L HARRISON
 Mailing Address 1141 WINNERS CIRCLE

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.05

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900740

Amount of Each Receipt this Period

132.55

SUBTOTAL of Receipts This Page (optional)

296.03

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

DANIEL J HEBEL

Mailing Address 28365 West Big Hollow Road

City State Zip Code
 Ingleside IL 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 ▼

633.96

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900009

Amount of Each Receipt this Period

65.02

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

DANIEL J HEBEL

Mailing Address 28365 West Big Hollow Road

City State Zip Code
 Ingleside IL 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 ▼

698.98

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900444

Amount of Each Receipt this Period

65.02

C. 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 ▼

234.40

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900036

Amount of Each Receipt this Period

23.93

SUBTOTAL of Receipts This Page (optional)

153.97

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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(check only 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 ▼

258.33

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900470

Amount of Each Receipt this Period

23.93

B. 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 ▼

289.85

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900213

Amount of Each Receipt this Period

29.55

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 ▼

319.40

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900648

Amount of Each Receipt this Period

29.55

SUBTOTAL of Receipts This Page (optional)

83.03

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 78 / 204

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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)
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 ▼

790.20

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899972

Amount of Each Receipt this Period

83.08

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 ▼

873.28

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900407

Amount of Each Receipt this Period

83.08

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 ▼

225.70

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899976

Amount of Each Receipt this Period

22.68

SUBTOTAL of Receipts This Page (optional)

188.84

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 79 / 204

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 ▼

248.38

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900411

Amount of Each Receipt this Period

22.68

B. Full Name (Last, First, Middle Initial)
MARY L HUBER
Mailing Address 1532 NORTH BELMONT AVE.

City State Zip Code
ARLINGTON HTS. IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
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 Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900639

Amount of Each Receipt this Period

19.88

C. Full Name (Last, First, Middle Initial)
STEPHEN L IHM
Mailing Address 21558 W GOLDFINCH CT

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.09

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900119

Amount of Each Receipt this Period

43.48

SUBTOTAL of Receipts This Page (optional)

86.04

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
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
STEPHEN L IHM
Mailing Address 21558 W GOLDFINCH CT

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.57

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900554

Amount of Each Receipt this Period

43.48

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 ▼

246.14

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900079

Amount of Each Receipt this Period

5.47

C. 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 ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900513

Amount of Each Receipt this Period

21.86

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)
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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)
BOB A JACKSON
Mailing Address 226 Maison Court

City State Zip Code
Altamonte Springs FL 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 ▼

229.80

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900261

Amount of Each Receipt this Period

19.88

B. Full Name (Last, First, Middle Initial)
BOB A JACKSON
Mailing Address 226 Maison Court

City State Zip Code
Altamonte Springs FL 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 ▼

249.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900696

Amount of Each Receipt this Period

19.88

C. Full Name (Last, First, Middle Initial)
JAMES C JAMIESON
Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
F&P/Enterprise Risk Manag

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.05

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900049

Amount of Each Receipt this Period

31.89

SUBTOTAL of Receipts This Page (optional)

71.65

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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(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE NORTH

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
F&P/Enterprise Risk Manag

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.94

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900483

Amount of Each Receipt this Period

31.89

Full Name (Last, First, Middle Initial)

B. LARRY D JOHNSON

Mailing Address 21943 W VERNON RIDGE DRIVE

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Catastrophe Managemen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.69

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900030

Amount of Each Receipt this Period

52.99

Full Name (Last, First, Middle Initial)

C. LARRY D JOHNSON

Mailing Address 21943 W VERNON RIDGE DRIVE

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Catastrophe Managemen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900464

Amount of Each Receipt this Period

52.99

SUBTOTAL of Receipts This Page (optional)

137.87

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 204

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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)

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 ▼

428.73

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900106

Amount of Each Receipt this Period

39.77

B.

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 ▼

468.50

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900540

Amount of Each Receipt this Period

39.77

C.

Full Name (Last, First, Middle Initial)

DAVID KARP

Mailing Address 1354 GAIL DRIVE

City State Zip Code
 BUFFALO GROVE IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Commercial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-899873

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

329.54

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. 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 ▼

753.12

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900267

Amount of Each Receipt this Period

76.88

Full Name (Last, First, Middle Initial)

B. 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 ▼

830.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900702

Amount of Each Receipt this Period

76.88

Full Name (Last, First, Middle Initial)

C. TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City State Zip Code
PALATINE IL 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 ▼

788.80

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900116

Amount of Each Receipt this Period

80.63

SUBTOTAL of Receipts This Page (optional)

234.39

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 85 / 204

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City State Zip Code
PALATINE IL 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 ▼

869.43

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900550

Amount of Each Receipt this Period

80.63

Full Name (Last, First, Middle Initial)

B. DAVID E KENNEY

Mailing Address 622 SEDGWICK DR.

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.07

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900578

Amount of Each Receipt this Period

19.82

Full Name (Last, First, Middle Initial)

C. 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 ▼

226.35

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899991

Amount of Each Receipt this Period

23.08

SUBTOTAL of Receipts This Page (optional)

123.53

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

249.43

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900426

Amount of Each Receipt this Period

23.08

B. 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 ▼

426.73

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899881

Amount of Each Receipt this Period

43.12

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 ▼

469.85

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900316

Amount of Each Receipt this Period

43.12

SUBTOTAL of Receipts This Page (optional)

109.32

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
CURTIS L KIBLER
Mailing Address 1332 BAY MEADOWS DR

City State Zip Code
BARTLETT IL 60103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.20

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900052

Amount of Each Receipt this Period

36.90

B. Full Name (Last, First, Middle Initial)
CURTIS L KIBLER
Mailing Address 1332 BAY MEADOWS DR

City State Zip Code
BARTLETT IL 60103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.10

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900486

Amount of Each Receipt this Period

36.90

C. Full Name (Last, First, Middle Initial)
PAUL N KIERIG
Mailing Address 200 OXFORD RD

City State Zip Code
Tower Lakes IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.54

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900101

Amount of Each Receipt this Period

24.49

SUBTOTAL of Receipts This Page (optional)

98.29

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 88 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) PAUL 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 266.03		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-900535 Amount of Each Receipt this Period <table border="1"> <tr> <td>24.49</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	5	/	2	0	0	7	24.49
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	2	5	/	2	0	0	7														
24.49																							
B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 349.65		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-900171 Amount of Each Receipt this Period <table border="1"> <tr> <td>35.48</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	1	/	2	0	0	7	35.48
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	1	1	/	2	0	0	7														
35.48																							
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 385.13		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-900606 Amount of Each Receipt this Period <table border="1"> <tr> <td>35.48</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	5	/	2	0	0	7	35.48
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	2	5	/	2	0	0	7														
35.48																							

SUBTOTAL of Receipts This Page (optional)

95.45

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS M KLINK

Mailing Address 317 DUNBAR RD

City State Zip Code
 MUNDELEIN 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-899866

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. JEFFREY D KNIPP

Mailing Address 2050 GLENDALE AVE

City State Zip Code
 NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.90

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900249

Amount of Each Receipt this Period

28.12

Full Name (Last, First, Middle Initial)

C. JEFFREY D KNIPP

Mailing Address 2050 GLENDALE AVE

City State Zip Code
 NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.02

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900684

Amount of Each Receipt this Period

28.12

SUBTOTAL of Receipts This Page (optional)

406.24

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

MARY G KNIPP

Mailing Address 2050 GLENDALE AVENUE

City State Zip Code
 NORTHBROOK IL 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 ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900041

Amount of Each Receipt this Period

19.88

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

MARY G KNIPP

Mailing Address 2050 GLENDALE AVENUE

City State Zip Code
 NORTHBROOK IL 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 ▼

237.38

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900475

Amount of Each Receipt this Period

19.88

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

GARY L KOCHANKEK

Mailing Address 743 CARDIGAN CT

City State Zip Code
 NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
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 / 1 1 / 2 0 0 7

Transaction ID: A2007-900058

Amount of Each Receipt this Period

32.70

SUBTOTAL of Receipts This Page (optional)

72.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 91 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
GARY L KOCHANER
Mailing Address 743 CARDIGAN CT

City State Zip Code
NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
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 5 / 2 0 0 7

Transaction ID: A2007-900492

Amount of Each Receipt this Period

32.70

B. Full Name (Last, First, Middle Initial)
JOANNE L KRON
Mailing Address 341 N FIORE PARKWAY

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.74

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900053

Amount of Each Receipt this Period

39.77

C. Full Name (Last, First, Middle Initial)
JOANNE L KRON
Mailing Address 341 N FIORE PARKWAY

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.51

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900487

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

112.24

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL A LA MONICA

Mailing Address 22401 BROOKSIDE WAY

City State Zip Code
 LAKE BARRINGTON IL 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 ▼

659.18

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900104

Amount of Each Receipt this Period

67.29

Full Name (Last, First, Middle Initial)

B. MICHAEL A LA MONICA

Mailing Address 22401 BROOKSIDE WAY

City State Zip Code
 LAKE BARRINGTON IL 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 ▼

726.47

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900538

Amount of Each Receipt this Period

67.29

Full Name (Last, First, Middle Initial)

C. ANTHONY LASKA

Mailing Address 2707 SKYLINE DRIVE

City State Zip Code
 CRYSTAL LAKE IL 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 ▼

432.85

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899903

Amount of Each Receipt this Period

44.72

SUBTOTAL of Receipts This Page (optional)

179.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 93 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ANTHONY LASKA

Mailing Address 2707 SKYLINE DRIVE

City State Zip Code
 CRYSTAL LAKE IL 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 ▼

477.57

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900338

Amount of Each Receipt this Period

44.72

Full Name (Last, First, Middle Initial)

B. DEBORAH G LAWRENCE

Mailing Address 910 S MICHIGAN AVE #1501

City State Zip Code
 CHICAGO IL 60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.68

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900463

Amount of Each Receipt this Period

19.88

Full Name (Last, First, Middle Initial)

C. PHILLIP E LAWSON

Mailing Address 900 PARK AVENUE NORTH

City State Zip Code
 WINTER PARK FL 32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

706.04

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900255

Amount of Each Receipt this Period

73.04

SUBTOTAL of Receipts This Page (optional)

137.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 94 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
PHILLIP E LAWSON

Mailing Address 900 PARK AVENUE NORTH

City State Zip Code
WINTER PARK FL 32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

779.08

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900690

Amount of Each Receipt this Period

73.04

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 ▼

562.05

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899891

Amount of Each Receipt this Period

57.57

C. 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 ▼

619.62

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900326

Amount of Each Receipt this Period

57.57

SUBTOTAL of Receipts This Page (optional)

188.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 95 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

559.04

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900302

Amount of Each Receipt this Period

58.45

B. Full Name (Last, First, Middle Initial)
MICHELLE LEE
Mailing Address 1404 100TH AVENUE NE

City State Zip Code
BELLEVUE WA 98004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

617.49

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900737

Amount of Each Receipt this Period

58.45

C. Full Name (Last, First, Middle Initial)
SUSAN L LEES
Mailing Address 1705 DARTMOUTH LN

City State Zip Code
DEERFIELD IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.54

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899880

Amount of Each Receipt this Period

24.55

SUBTOTAL of Receipts This Page (optional)

141.45

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 96 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. SUSAN L LEES

Mailing Address 1705 DARTMOUTH LN

City State Zip Code
 DEERFIELD IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.09

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900315

Amount of Each Receipt this Period

24.55

Full Name (Last, First, Middle Initial)

B. ANDREW P LEIGHT

Mailing Address 25658 N ARROWHEAD

City State Zip Code
 MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT 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 / 1 1 / 2 0 0 7

Transaction ID: A2007-900063

Amount of Each Receipt this Period

32.69

Full Name (Last, First, Middle Initial)

C. ANDREW P LEIGHT

Mailing Address 25658 N ARROWHEAD

City State Zip Code
 MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT 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 5 / 2 0 0 7

Transaction ID: A2007-900497

Amount of Each Receipt this Period

32.69

SUBTOTAL of Receipts This Page (optional)

89.93

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 97 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) NANCY 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.65		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 Transaction ID: A2007-900127 Amount of Each Receipt this Period 21.68
B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.33		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7 Transaction ID: A2007-900562 Amount of Each Receipt this Period 21.68
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.21		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 Transaction ID: A2007-900084 Amount of Each Receipt this Period 22.44

SUBTOTAL of Receipts This Page (optional)

65.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 98 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. 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 ▼

238.65

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900518

Amount of Each Receipt this Period

22.44

Full Name (Last, First, Middle Initial)

B. 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 ▼

275.35

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900115

Amount of Each Receipt this Period

28.05

Full Name (Last, First, Middle Initial)

C. 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 ▼

303.40

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900549

Amount of Each Receipt this Period

28.05

SUBTOTAL of Receipts This Page (optional)

78.54

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 99 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN C LOUNDS

Mailing Address 4424 STONEHAVEN

City State Zip Code
 LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Product AF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.23

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900193

Amount of Each Receipt this Period

36.81

Full Name (Last, First, Middle Initial)

B. JOHN C LOUNDS

Mailing Address 4424 STONEHAVEN

City State Zip Code
 LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Product AF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.04

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900628

Amount of Each Receipt this Period

36.81

Full Name (Last, First, Middle Initial)

C. BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST. APT. 504

City State Zip Code
 CHICAGO IL 60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.20

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900156

Amount of Each Receipt this Period

30.64

SUBTOTAL of Receipts This Page (optional)

104.26

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 100 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.84		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7 Transaction ID: A2007-900591 Amount of Each Receipt this Period 30.64
B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.75		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 Transaction ID: A2007-900203 Amount of Each Receipt this Period 23.99
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 258.74		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7 Transaction ID: A2007-900638 Amount of Each Receipt this Period 23.99

SUBTOTAL of Receipts This Page (optional)**78.62****TOTAL** This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 101 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

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 ▼

370.35

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899902

Amount of Each Receipt this Period

37.85

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 ▼

408.20

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900337

Amount of Each Receipt this Period

37.85

C. 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 ▼

206.83

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900625

Amount of Each Receipt this Period

19.18

SUBTOTAL of Receipts This Page (optional)

94.88

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 102 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) FELIX A MANTILLA Mailing Address 28601 N. Sky Crest Drive City Ivanhoe State IL Zip Code 60060 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel & Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 458.96			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-900205 Amount of Each Receipt this Period <table border="1"> <tr> <td>47.10</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	7	47.10
M	M	/	D	D	/	Y	Y	Y	Y															
0	5		1	1		2	0	0	7															
47.10																								
B. Full Name (Last, First, Middle Initial) FELIX A MANTILLA Mailing Address 28601 N. Sky Crest Drive City Ivanhoe State IL Zip Code 60060 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel & Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 506.06			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-900640 Amount of Each Receipt this Period <table border="1"> <tr> <td>47.10</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	0	7	47.10
M	M	/	D	D	/	Y	Y	Y	Y															
0	5		2	5		2	0	0	7															
47.10																								
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.96			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-900157 Amount of Each Receipt this Period <table border="1"> <tr> <td>19.88</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	7	19.88
M	M	/	D	D	/	Y	Y	Y	Y															
0	5		1	1		2	0	0	7															
19.88																								

SUBTOTAL of Receipts This Page (optional)

114.08

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 103 / 204

(check only one)

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

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN R MATHEWS

Mailing Address 401 E NORTH AVENUE

City	State	Zip Code
LAKE BLUFF	IL	60044

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	7

Transaction ID: A2007-900592

Amount of Each Receipt this Period

19.88

Full Name (Last, First, Middle Initial)

B. MICHAEL J MC CABE

Mailing Address 8 S. WYNSTONE DRIVE

City	State	Zip Code
N. BARRINGTON	IL	60010

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
SVP & Chief Legal Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1051.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	7

Transaction ID: A2007-900269

Amount of Each Receipt this Period

119.77

Full Name (Last, First, Middle Initial)

C. MICHAEL J MC CABE

Mailing Address 8 S. WYNSTONE DRIVE

City	State	Zip Code
N. BARRINGTON	IL	60010

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
SVP & Chief Legal Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1171.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	7

Transaction ID: A2007-900704

Amount of Each Receipt this Period

119.77

SUBTOTAL of Receipts This Page (optional)

259.42

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 104 / 204
(check only one)

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

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City State Zip Code
BARRINGTON HILL IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President & Deputy G

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	7

Transaction ID: A2007-900141

Amount of Each Receipt this Period

75.46

B. Full Name (Last, First, Middle Initial)
MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City State Zip Code
BARRINGTON HILL IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Vice President & Deputy G

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	7

Transaction ID: A2007-900576

Amount of Each Receipt this Period

75.46

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

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code
Hawthorn Woods IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Home Office Counsel

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	/	1	1	/	2	0	0	7

Transaction ID: A2007-900093

Amount of Each Receipt this Period

39.76

SUBTOTAL of Receipts This Page (optional)

190.68

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN A MC LAUGHLIN

Mailing Address 25748 N. Stoney Kirk Ct.

City State Zip Code
Hawthorn Woods IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.36

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900527

Amount of Each Receipt this Period

39.76

Full Name (Last, First, Middle Initial)

B. PATRICIA M MCCARTHY

Mailing Address 222 STONE FENCE ROAD

City State Zip Code
VERNON HILLS IL 60061

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 5 / 2 0 0 7

Transaction ID: A2007-900352

Amount of Each Receipt this Period

19.88

Full Name (Last, First, Middle Initial)

C. MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.57

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900278

Amount of Each Receipt this Period

20.82

SUBTOTAL of Receipts This Page (optional)

80.46

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP PCCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.39

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900713

Amount of Each Receipt this Period

20.82

Full Name (Last, First, Middle Initial)

B. 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 ▼

299.50

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900273

Amount of Each Receipt this Period

30.10

Full Name (Last, First, Middle Initial)

C. 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 ▼

329.60

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900708

Amount of Each Receipt this Period

30.10

SUBTOTAL of Receipts This Page (optional)

81.02

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)
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 ▼

433.93

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899967

Amount of Each Receipt this Period

44.59

B. 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 ▼

478.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900402

Amount of Each Receipt this Period

44.59

C. Full Name (Last, First, Middle Initial)
MARIA D MCNITT
Mailing Address 1031 WILLOW ROAD

City State Zip Code
WINNETKA IL 60093

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-899871

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

389.18

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
PATRICIA S MCPHERSON

Mailing Address 3133 N. Walker Lane West

City State Zip Code
Arlington Heights IL 60004

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 ▼

205.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900718

Amount of Each Receipt this Period

16.35

B. Full Name (Last, First, Middle Initial)
JEFFREY J MCRAE

Mailing Address 1213 THORNDAL LN

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.54

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900004

Amount of Each Receipt this Period

20.88

C. Full Name (Last, First, Middle Initial)
JEFFREY J MCRAE

Mailing Address 1213 THORNDAL LN

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.42

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900439

Amount of Each Receipt this Period

20.88

SUBTOTAL of Receipts This Page (optional)

58.11

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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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 State Zip Code
BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.58

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899897

Amount of Each Receipt this Period

32.47

B. Full Name (Last, First, Middle Initial)
GARY A MELLINI
Mailing Address 21050 PRESTWICK DRIVE

City State Zip Code
BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.05

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900332

Amount of Each Receipt this Period

32.47

C. Full Name (Last, First, Middle Initial)
JANE M MELLON
Mailing Address 184 GARFIELD

City State Zip Code
ELMHURST IL 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 ▼

428.87

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900074

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

104.71

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JANE M MELLON

Mailing Address 184 GARFIELD

City State Zip Code
 ELMHURST IL 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 ▼

468.64

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900508

Amount of Each Receipt this Period

39.77

Full Name (Last, First, Middle Initial)

B. HANS H METZINGER

Mailing Address 407 E. CLAIRE LANE

City State Zip Code
 PROSPECT HTS IL 60070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Distribution Support Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.34

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900559

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

C. FREDERICK J MILLER

Mailing Address 6975 MEADOW POINT TER

City State Zip Code
 NEW MARKET MD 21774

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.15

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900025

Amount of Each Receipt this Period

32.76

SUBTOTAL of Receipts This Page (optional)

78.88

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)
FREDERICK J MILLER

Mailing Address 6975 MEADOW POINT TER

City State Zip Code
 NEW MARKET MD 21774

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.91

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900459

Amount of Each Receipt this Period

22.76

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 ▼

216.13

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900618

Amount of Each Receipt this Period

19.88

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 ▼

234.15

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899996

Amount of Each Receipt this Period

24.15

SUBTOTAL of Receipts This Page (optional)

66.79

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 ▼

258.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900431

Amount of Each Receipt this Period

24.15

B. Full Name (Last, First, Middle Initial)
NEIL J MINNICH

Mailing Address 405 N. WABASH AVE. UNIT 4210

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Underwriting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.50

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899885

Amount of Each Receipt this Period

39.67

C. Full Name (Last, First, Middle Initial)
NEIL J MINNICH

Mailing Address 405 N. WABASH AVE. UNIT 4210

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Underwriting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.17

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900320

Amount of Each Receipt this Period

39.67

SUBTOTAL of Receipts This Page (optional)

103.49

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 113 / 204

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. 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 ▼

481.78

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900066

Amount of Each Receipt this Period

49.41

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 ▼

531.19

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900500

Amount of Each Receipt this Period

49.41

C. Full Name (Last, First, Middle Initial)
MARCIE E MOLEK
Mailing Address 400 KEVIN LANE

City State Zip Code
GRAYSLAKE IL 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 ▼

209.60

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900081

Amount of Each Receipt this Period

21.45

SUBTOTAL of Receipts This Page (optional)

120.27

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 MARCIE E MOLEK
 Mailing Address 400 KEVIN LANE

City State Zip Code
 GRAYSLAKE IL 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 ▼

231.05

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900515

Amount of Each Receipt this Period

21.45

B. Full Name (Last, First, Middle Initial)
 EDWARD J MORAN
 Mailing Address 131 ADELAIDE UNIT 406

City State Zip Code
 ELMHURST IL 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 ▼

476.43

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899957

Amount of Each Receipt this Period

48.63

C. Full Name (Last, First, Middle Initial)
 EDWARD J MORAN
 Mailing Address 131 ADELAIDE UNIT 406

City State Zip Code
 ELMHURST IL 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 ▼

525.06

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900392

Amount of Each Receipt this Period

48.63

SUBTOTAL of Receipts This Page (optional)

118.71

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KAREN S MORRIS
Mailing Address 27707 LA VISTA DRIVE

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.25

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900160

Amount of Each Receipt this Period

39.76

B. Full Name (Last, First, Middle Initial)
KAREN S MORRIS
Mailing Address 27707 LA VISTA DRIVE

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.01

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900595

Amount of Each Receipt this Period

39.76

C. Full Name (Last, First, Middle Initial)
LARRY E MOSER
Mailing Address 611 W. BURNING TREE LANE

City State Zip Code
ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.10

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900073

Amount of Each Receipt this Period

28.35

SUBTOTAL of Receipts This Page (optional)

107.87

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 116 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LARRY E MOSER

Mailing Address 611 W. BURNING TREE LANE

City State Zip Code
 ARLINGTON HTS IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Sales Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.45

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900507

Amount of Each Receipt this Period

28.35

B. Full Name (Last, First, Middle Initial)
MEGHAN O MULVIHILL

Mailing Address 2445 CHERRY LANE

City State Zip Code
 NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.10

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899964

Amount of Each Receipt this Period

29.10

C. Full Name (Last, First, Middle Initial)
MEGHAN O MULVIHILL

Mailing Address 2445 CHERRY LANE

City State Zip Code
 NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.20

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900399

Amount of Each Receipt this Period

29.10

SUBTOTAL of Receipts This Page (optional)

86.55

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL F MULVIHILL
Mailing Address 2445 CHERRY LANE

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.50

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900059

Amount of Each Receipt this Period

36.84

B. Full Name (Last, First, Middle Initial)
MICHAEL F MULVIHILL
Mailing Address 2445 CHERRY LANE

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.34

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900493

Amount of Each Receipt this Period

36.84

C. Full Name (Last, First, Middle Initial)
MICHAEL A MURPHY
Mailing Address 233 WOOD CREEK ROAD #305

City State Zip Code
WHEELING IL 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 ▼

397.60

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900239

Amount of Each Receipt this Period

39.76

SUBTOTAL of Receipts This Page (optional)

113.44

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 118 / 204

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) MICHAEL A MURPHY Mailing Address 233 WOOD CREEK ROAD #305 City State Zip Code WHEELING IL 60090 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation Home Office Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 437.36		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7 Transaction ID: A2007-900674 Amount of Each Receipt this Period 39.76
B. Full Name (Last, First, Middle Initial) DAVID G NADIG Mailing Address 2950 LAKE PLACID City State Zip Code NORTHBROOK IL 60062 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel & Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 469.23		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 Transaction ID: A2007-900178 Amount of Each Receipt this Period 48.54
C. Full Name (Last, First, Middle Initial) DAVID G NADIG Mailing Address 2950 LAKE PLACID City State Zip Code NORTHBROOK IL 60062 FEC ID number of contributing federal political committee. C Name of Employer Allstate Insurance Company Occupation AVP Ast General Counsel & Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 517.77		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7 Transaction ID: A2007-900613 Amount of Each Receipt this Period 48.54
SUBTOTAL of Receipts This Page (optional) ▶		136.84
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 119 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
BRIAN J NAGEL

Mailing Address 1211 AIMTREE

City State Zip Code
 SCHAUMBURG IL 60194

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.80

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900088

Amount of Each Receipt this Period

37.21

B. Full Name (Last, First, Middle Initial)
BRIAN J NAGEL

Mailing Address 1211 AIMTREE

City State Zip Code
 SCHAUMBURG IL 60194

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.01

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900522

Amount of Each Receipt this Period

37.21

C. Full Name (Last, First, Middle Initial)
JOAN M NAUGHTON-GERDES

Mailing Address 650 MALIBOU

City State Zip Code
 PALATINE IL 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 ▼

211.86

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900593

Amount of Each Receipt this Period

19.26

SUBTOTAL of Receipts This Page (optional)

93.68

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 120 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DANIEL C NECASTRO
Mailing Address 22622 N. LINDEN DR

City State Zip Code
BARRINGTON IL 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 ▼

1058.74

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900045

Amount of Each Receipt this Period

108.80

B. Full Name (Last, First, Middle Initial)
DANIEL C NECASTRO
Mailing Address 22622 N. LINDEN DR

City State Zip Code
BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1167.54

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900479

Amount of Each Receipt this Period

108.80

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

City State Zip Code
DEER PARK IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.97

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900240

Amount of Each Receipt this Period

22.86

SUBTOTAL of Receipts This Page (optional)

240.46

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 121 / 204
(check only one)

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

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City State Zip Code
DEER PARK IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900675

Amount of Each Receipt this Period

22.86

B. Full Name (Last, First, Middle Initial)
MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code
NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Agency Consulting Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	7

Transaction ID: A2007-899919

Amount of Each Receipt this Period

25.76

C. Full Name (Last, First, Middle Initial)
MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code
NAPERVILLE IL 60565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Agency Consulting Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900354

Amount of Each Receipt this Period

25.76

SUBTOTAL of Receipts This Page (optional)

74.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 122 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

ROGER D ODLE II

Mailing Address 5170 BARCROFT DRIVE

City State Zip Code
 HOFFMAN ESTATES IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.80

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900147

Amount of Each Receipt this Period

33.28

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

ROGER D ODLE II

Mailing Address 5170 BARCROFT DRIVE

City State Zip Code
 HOFFMAN ESTATES IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.08

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900582

Amount of Each Receipt this Period

33.28

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

KATHY A OLCESE

Mailing Address 35 YORK ST

City State Zip Code
 HUDSON OH 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 ▼

232.61

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900027

Amount of Each Receipt this Period

23.66

SUBTOTAL of Receipts This Page (optional)

90.22

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 123 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

KATHY A OLCESE

Mailing Address 35 YORK ST

City State Zip Code
 HUDSON OH 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 ▼

256.27

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900461

Amount of Each Receipt this Period

23.66

B. 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 ▼

332.10

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900212

Amount of Each Receipt this Period

34.02

C. 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 ▼

366.12

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900647

Amount of Each Receipt this Period

34.02

SUBTOTAL of Receipts This Page (optional)

91.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 124 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. 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 Procuremen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

638.88

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900229

Amount of Each Receipt this Period

64.62

Full Name (Last, First, Middle Initial)

B. 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 Procuremen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.50

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900664

Amount of Each Receipt this Period

64.62

Full Name (Last, First, Middle Initial)

C. PAMELA J OVERTON

Mailing Address 9352 ANSLEY LANE

City State Zip Code
 BRENTWOOD TN 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 ▼

351.85

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900002

Amount of Each Receipt this Period

35.79

SUBTOTAL of Receipts This Page (optional)

165.03

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 125 / 204

(check only one)

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

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 387.64		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7 Transaction ID: A2007-900437 Amount of Each Receipt this Period 35.79
B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 351.39		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 Transaction ID: A2007-900296 Amount of Each Receipt this Period 36.35
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 387.74		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7 Transaction ID: A2007-900731 Amount of Each Receipt this Period 36.35

SUBTOTAL of Receipts This Page (optional)

108.49

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 126 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

417.49

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	7

Transaction ID: A2007-899959

Amount of Each Receipt this Period

39.77

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

457.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	7

Transaction ID: A2007-900394

Amount of Each Receipt this Period

39.77

C.

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

514.39

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	7

Transaction ID: A2007-900148

Amount of Each Receipt this Period

52.51

SUBTOTAL of Receipts This Page (optional)

132.05

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 127 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

Mailing Address 1107 BONITA DRIVE

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Public Relations Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900583

Amount of Each Receipt this Period

52.51

B. Full Name (Last, First, Middle Initial)
ROGER D PARKER

Mailing Address 1305 N MAIDSTONE

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	7

Transaction ID: A2007-900291

Amount of Each Receipt this Period

47.78

C. Full Name (Last, First, Middle Initial)
ROGER D PARKER

Mailing Address 1305 N MAIDSTONE

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

514.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900726

Amount of Each Receipt this Period

47.78

SUBTOTAL of Receipts This Page (optional)

148.07

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 128 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MAYUR M PATEL
Mailing Address 742 E PARKVIEW CT

City State Zip Code
ROSELLE IL 60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.10

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900090

Amount of Each Receipt this Period

30.33

B. Full Name (Last, First, Middle Initial)
MAYUR M PATEL
Mailing Address 742 E PARKVIEW CT

City State Zip Code
ROSELLE IL 60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.43

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900524

Amount of Each Receipt this Period

30.33

C. Full Name (Last, First, Middle Initial)
CHARLES PAUL
Mailing Address 301 CAMELOT LANE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President PCCSO Stra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.17

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899945

Amount of Each Receipt this Period

71.54

SUBTOTAL of Receipts This Page (optional)

132.20

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 129 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
CHARLES PAUL
Mailing Address 301 CAMELOT LANE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President PCCSO Stra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.71

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900380

Amount of Each Receipt this Period

71.54

B. Full Name (Last, First, Middle Initial)
RONALD J PEPPING
Mailing Address 934 LEWIS PLACE

City State Zip Code
GENEVA IL 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 ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900125

Amount of Each Receipt this Period

29.57

C. Full Name (Last, First, Middle Initial)
RONALD J PEPPING
Mailing Address 934 LEWIS PLACE

City State Zip Code
GENEVA IL 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 ▼

319.57

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900560

Amount of Each Receipt this Period

29.57

SUBTOTAL of Receipts This Page (optional)

130.68

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 130 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 FLORIE S PERELLIS
 Mailing Address 1480 MINTHAVEN RD

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.12

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899908

Amount of Each Receipt this Period

47.43

B. Full Name (Last, First, Middle Initial)
 FLORIE S PERELLIS
 Mailing Address 1480 MINTHAVEN RD

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.55

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900343

Amount of Each Receipt this Period

47.43

C. Full Name (Last, First, Middle Initial)
 STEVEN A PETTI
 Mailing Address 580 SALCEDA DR

City State Zip Code
 MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.85

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899907

Amount of Each Receipt this Period

48.84

SUBTOTAL of Receipts This Page (optional)

143.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 131 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
STEVEN A PETTI
Mailing Address 580 SALCEDA DR

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.69

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900342

Amount of Each Receipt this Period

48.84

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900309

Amount of Each Receipt this Period

500.00

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 ▼

635.46

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900044

Amount of Each Receipt this Period

65.52

SUBTOTAL of Receipts This Page (optional)

614.36

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 132 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. 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 CompanyOccupation
Vice President Finance -

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900478

Amount of Each Receipt this Period

65.52

Full Name (Last, First, Middle Initial)

B. DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City	State	Zip Code
LINDENHURST	IL	60046

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	7

Transaction ID: A2007-899900

Amount of Each Receipt this Period

37.56

Full Name (Last, First, Middle Initial)

C. DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City	State	Zip Code
LINDENHURST	IL	60046

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900335

Amount of Each Receipt this Period

37.56

SUBTOTAL of Receipts This Page (optional)

140.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 133 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
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 Company

Occupation
AVP Finance and Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.59

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900055

Amount of Each Receipt this Period

27.71

B. 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 Company

Occupation
AVP Finance and Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900489

Amount of Each Receipt this Period

27.71

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 Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.90

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900175

Amount of Each Receipt this Period

21.60

SUBTOTAL of Receipts This Page (optional)

77.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 134 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. 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 Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.50

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900610

Amount of Each Receipt this Period

21.60

Full Name (Last, First, Middle Initial)

B. JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City State Zip Code
 ARLINGTON HGTS IL 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900304

Amount of Each Receipt this Period

29.46

Full Name (Last, First, Middle Initial)

C. JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City State Zip Code
 ARLINGTON HGTS IL 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.46

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900739

Amount of Each Receipt this Period

29.46

SUBTOTAL of Receipts This Page (optional)

80.52

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 135 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOSEPH P RATH

Mailing Address 359 STAFFORD COURT

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.75

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900015

Amount of Each Receipt this Period

56.17

Full Name (Last, First, Middle Initial)

B. JOSEPH P RATH

Mailing Address 359 STAFFORD COURT

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

604.92

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900450

Amount of Each Receipt this Period

56.17

Full Name (Last, First, Middle Initial)

C. JOHN B REARDON

Mailing Address 441 KELLY LANE

City State Zip Code
 CRYSTAL LAKE IL 60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.15

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899887

Amount of Each Receipt this Period

40.75

SUBTOTAL of Receipts This Page (optional)

153.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 136 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN B REARDON

Mailing Address 441 KELLY LANE

City State Zip Code
 CRYSTAL LAKE IL 60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.90

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900322

Amount of Each Receipt this Period

40.75

Full Name (Last, First, Middle Initial)

B. 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 ▼

654.65

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899948

Amount of Each Receipt this Period

69.23

Full Name (Last, First, Middle Initial)

C. 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 ▼

723.88

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900383

Amount of Each Receipt this Period

69.23

SUBTOTAL of Receipts This Page (optional)

179.21

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 137 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) ROBIN R RICHMOND			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 9 HAWTHORN GROVE CIRCLE			Transaction ID: A2007-900168	
City State Zip Code HAWTHORN WOODS IL 60047			Amount of Each Receipt this Period 25.54	
FEC ID number of contributing federal political committee. C				
Name of Employer Allstate Insurance Company		Occupation AVP Technology Shared Ser		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.38		
B. Full Name (Last, First, Middle Initial) ROBIN R RICHMOND			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 9 HAWTHORN GROVE CIRCLE			Transaction ID: A2007-900603	
City State Zip Code HAWTHORN WOODS IL 60047			Amount of Each Receipt this Period 25.54	
FEC ID number of contributing federal political committee. C				
Name of Employer Allstate Insurance Company		Occupation AVP Technology Shared Ser		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 274.92		
C. Full Name (Last, First, Middle Initial) ANDREW T RIEDER			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 7 ONEIDA LANE			Transaction ID: A2007-899953	
City State Zip Code HAWTHORN WOODS IL 60047			Amount of Each Receipt this Period 47.17	
FEC ID number of contributing federal political committee. C				
Name of Employer Allstate Insurance Company		Occupation AVP Homeowner Initiative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 458.96		

SUBTOTAL of Receipts This Page (optional)

98.25

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 138 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

506.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900388

Amount of Each Receipt this Period

47.17

B. Full Name (Last, First, Middle Initial)
JESSICA D RIVERA

Mailing Address 2055 LOCKRIDGE PLACE

City	State	Zip Code
EL DORADO HILLS	CA	95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	7

Transaction ID: A2007-900301

Amount of Each Receipt this Period

47.28

C. Full Name (Last, First, Middle Initial)
JESSICA D RIVERA

Mailing Address 2055 LOCKRIDGE PLACE

City	State	Zip Code
EL DORADO HILLS	CA	95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.87

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900736

Amount of Each Receipt this Period

47.28

SUBTOTAL of Receipts This Page (optional)

141.73

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 139 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
MARIO RIZZO
Mailing Address 5926 W. 90TH PLACE

City State Zip Code
OAK LAWN IL 60453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.33

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900103

Amount of Each Receipt this Period

40.41

B. Full Name (Last, First, Middle Initial)
MARIO RIZZO
Mailing Address 5926 W. 90TH PLACE

City State Zip Code
OAK LAWN IL 60453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.74

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900537

Amount of Each Receipt this Period

40.41

C. Full Name (Last, First, Middle Initial)
CLAY F ROBERTS
Mailing Address 3075 Sanders Road Suite G2E

City State Zip Code
Northbrook IL 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 ▼

342.75

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900292

Amount of Each Receipt this Period

34.53

SUBTOTAL of Receipts This Page (optional)

115.35

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 140 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
CLAY F ROBERTS

Mailing Address 3075 Sanders Road Suite G2E

City State Zip Code
 Northbrook IL 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 ▼

377.28

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900727

Amount of Each Receipt this Period

34.53

B. Full Name (Last, First, Middle Initial)
DANIEL P ROBERTS

Mailing Address 4374 W Anderson Rd

City State Zip Code
 South Euclid OH 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 ▼

206.60

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899942

Amount of Each Receipt this Period

21.07

C. Full Name (Last, First, Middle Initial)
DANIEL P ROBERTS

Mailing Address 4374 W Anderson Rd

City State Zip Code
 South Euclid OH 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 ▼

227.67

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900377

Amount of Each Receipt this Period

21.07

SUBTOTAL of Receipts This Page (optional)

76.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 141 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

GREGORY C ROHLFING

Mailing Address 106 ASHLAND

City State Zip Code
RIVER FOREST IL 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 ▼

397.70

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900040

Amount of Each Receipt this Period

39.77

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

GREGORY C ROHLFING

Mailing Address 106 ASHLAND

City State Zip Code
RIVER FOREST IL 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 ▼

437.47

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900474

Amount of Each Receipt this Period

39.77

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

DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code
HINSDALE IL 60521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.23

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900111

Amount of Each Receipt this Period

28.54

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

Mailing Address 810 S THURLOW STREET

City State Zip Code
HINSDALE IL 60521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.77

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900545

Amount of Each Receipt this Period

28.54

B. 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 Company

Occupation
SVP-P-CCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1251.32

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900164

Amount of Each Receipt this Period

126.92

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 Company

Occupation
SVP-P-CCSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1378.24

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900599

Amount of Each Receipt this Period

126.92

SUBTOTAL of Receipts This Page (optional)

282.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 143 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DOREEN M RYAN
Mailing Address 17 ALSTON COURT

City State Zip Code
RED BANK NJ 07701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Managing Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899937

Amount of Each Receipt this Period

21.80

B. Full Name (Last, First, Middle Initial)
DOREEN M RYAN
Mailing Address 17 ALSTON COURT

City State Zip Code
RED BANK NJ 07701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Managing Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.80

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900372

Amount of Each Receipt this Period

21.80

C. Full Name (Last, First, Middle Initial)
PAUL R RYSKE
Mailing Address 898 E. LONGWOOD DR.

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.84

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900038

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

63.48

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 144 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.72

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900472

Amount of Each Receipt this Period

19.88

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

MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City State Zip Code
 VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Asset Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.22

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900017

Amount of Each Receipt this Period

28.28

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

MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City State Zip Code
 VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Asset Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.50

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900452

Amount of Each Receipt this Period

28.28

SUBTOTAL of Receipts This Page (optional)

76.44

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 145 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 PATRICK J SCHNEIDER
 Mailing Address 210 NORTH TRAIL

City State Zip Code
 HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.15

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900151

Amount of Each Receipt this Period

28.77

B. Full Name (Last, First, Middle Initial)
 PATRICK J SCHNEIDER
 Mailing Address 210 NORTH TRAIL

City State Zip Code
 HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.92

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900586

Amount of Each Receipt this Period

28.77

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

City State Zip Code
 HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP HR Shared Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.90

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899939

Amount of Each Receipt this Period

50.37

SUBTOTAL of Receipts This Page (optional)

107.91

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 146 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

City State Zip Code
 HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP HR Shared Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.27

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900374

Amount of Each Receipt this Period

50.37

Full Name (Last, First, Middle Initial)

B. DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City State Zip Code
 BUFFALO GROVE IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.65

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900085

Amount of Each Receipt this Period

22.98

Full Name (Last, First, Middle Initial)

C. DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City State Zip Code
 BUFFALO GROVE IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.63

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900519

Amount of Each Receipt this Period

22.98

SUBTOTAL of Receipts This Page (optional)

96.33

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 147 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
DAVID J SCHWARTZER

Mailing Address 1911 205TH PL NE

City	State	Zip Code
SAMMAMISH	WA	98074

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	7

Transaction ID: A2007-900202

Amount of Each Receipt this Period

46.15

B. Full Name (Last, First, Middle Initial)
DAVID J SCHWARTZER

Mailing Address 1911 205TH PL NE

City	State	Zip Code
SAMMAMISH	WA	98074

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	7

Transaction ID: A2007-900637

Amount of Each Receipt this Period

46.15

C. Full Name (Last, First, Middle Initial)
ROBERT M SCULLY

Mailing Address 302 NORTH VILLAGE ST

City	State	Zip Code
CELEBRATION	FL	34747

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
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	5	/	2	0	0	7

Transaction ID: A2007-900336

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

112.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 148 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

DANNY R SELLERS

Mailing Address 5903 87TH ST

City State Zip Code
 LUBBOCK TX 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 ▼

235.10

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900232

Amount of Each Receipt this Period

23.86

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

DANNY R SELLERS

Mailing Address 5903 87TH ST

City State Zip Code
 LUBBOCK TX 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 ▼

258.96

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900667

Amount of Each Receipt this Period

23.86

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

STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City State Zip Code
 Chicago IL 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 ▼

299.40

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900140

Amount of Each Receipt this Period

30.63

SUBTOTAL of Receipts This Page (optional)

78.35

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 149 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City State Zip Code
Chicago IL 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 ▼

330.03

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900575

Amount of Each Receipt this Period

30.63

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

Mailing Address 517 ROBINWOOD LANE

City State Zip Code
WHEATON IL 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 ▼

769.27

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900110

Amount of Each Receipt this Period

78.74

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

Mailing Address 517 ROBINWOOD LANE

City State Zip Code
WHEATON IL 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 ▼

848.01

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900544

Amount of Each Receipt this Period

78.74

SUBTOTAL of Receipts This Page (optional)

188.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 150 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City State Zip Code
HIGHLAND PARK IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.38

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900467

Amount of Each Receipt this Period

19.88

B. Full Name (Last, First, Middle Initial)
DENIS C SHUNTA

Mailing Address 5200 RIDGEGATE WAY

City State Zip Code
FAIR OAKS CA 95628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.80

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900186

Amount of Each Receipt this Period

21.80

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

Mailing Address 5200 RIDGEGATE WAY

City State Zip Code
FAIR OAKS CA 95628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Field Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.60

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900621

Amount of Each Receipt this Period

21.80

SUBTOTAL of Receipts This Page (optional)

63.48

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 151 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ROBERT L SIMMONS

Mailing Address 418 DEUCE DRIVE

City State Zip Code
WALL NJ 07719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.20

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899929

Amount of Each Receipt this Period

28.57

Full Name (Last, First, Middle Initial)

B. ROBERT L SIMMONS

Mailing Address 418 DEUCE DRIVE

City State Zip Code
WALL NJ 07719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.77

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900364

Amount of Each Receipt this Period

28.57

Full Name (Last, First, Middle Initial)

C. KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City State Zip Code
BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.10

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900260

Amount of Each Receipt this Period

36.24

SUBTOTAL of Receipts This Page (optional)

93.38

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 152 / 204

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

Mailing Address 11 WEHRHEIM

City State Zip Code
BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CC IT Systems Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.34

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900695

Amount of Each Receipt this Period

36.24

B. Full Name (Last, First, Middle Initial)
ANNE E SIMPSON

Mailing Address 632 ONWENTSIA AVENUE

City State Zip Code
HIGHLAND PARK IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
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 / 1 1 / 2 0 0 7

Transaction ID: A2007-900043

Amount of Each Receipt this Period

26.51

C. Full Name (Last, First, Middle Initial)
ANNE E SIMPSON

Mailing Address 632 ONWENTSIA AVENUE

City State Zip Code
HIGHLAND PARK IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
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 5 / 2 0 0 7

Transaction ID: A2007-900477

Amount of Each Receipt this Period

26.51

SUBTOTAL of Receipts This Page (optional)

89.26

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN G SINICKI

Mailing Address 2117 CARROLL CREEK VIEW CT

City State Zip Code
 FREDERICK MD 21702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.55

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900432

Amount of Each Receipt this Period

19.95

Full Name (Last, First, Middle Initial)

B. KEVIN R SLAWIN

Mailing Address 1316 CRESTWOOD DRIVE

City State Zip Code
 NORTHBROOK IL 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 ▼

393.81

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900149

Amount of Each Receipt this Period

40.20

Full Name (Last, First, Middle Initial)

C. KEVIN R SLAWIN

Mailing Address 1316 CRESTWOOD DRIVE

City State Zip Code
 NORTHBROOK IL 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 ▼

434.01

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900584

Amount of Each Receipt this Period

40.20

SUBTOTAL of Receipts This Page (optional)

100.35

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or 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)
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 ▼

373.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900129

Amount of Each Receipt this Period

38.35

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 ▼

411.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900564

Amount of Each Receipt this Period

38.35

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 ▼

301.75

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900207

Amount of Each Receipt this Period

30.84

SUBTOTAL of Receipts This Page (optional)

107.54

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. 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 ▼

332.59

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900642

Amount of Each Receipt this Period

30.84

B. Full Name (Last, First, Middle Initial)
ELIAS SMITH

Mailing Address 2751 SW BEAR PAW TRAIL

City State Zip Code
PALM CITY FL 34990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899935

Amount of Each Receipt this Period

22.25

C. Full Name (Last, First, Middle Initial)
ELIAS SMITH

Mailing Address 2751 SW BEAR PAW TRAIL

City State Zip Code
PALM CITY FL 34990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Market Distribution Leade

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900370

Amount of Each Receipt this Period

22.25

SUBTOTAL of Receipts This Page (optional)

75.34

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or 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)

J E SMITH

Mailing Address 310 WHITMORE LANE

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP Distribution and Chann

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.63

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900113

Amount of Each Receipt this Period

58.76

B.

Full Name (Last, First, Middle Initial)

J E SMITH

Mailing Address 310 WHITMORE LANE

City State Zip Code
 LAKE FOREST IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP Distribution and Chann

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.39

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900547

Amount of Each Receipt this Period

58.76

C.

Full Name (Last, First, Middle Initial)

RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City State Zip Code
 Scottsdale AZ 85262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.20

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900250

Amount of Each Receipt this Period

26.86

SUBTOTAL of Receipts This Page (optional)

144.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 157 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 RANDALL D SNITTJER
 Mailing Address 11423 E. Blue Sky Drive

City State Zip Code
 Scottsdale AZ 85262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.06

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900685

Amount of Each Receipt this Period

26.86

B. Full Name (Last, First, Middle Initial)
 STEVEN P SORENSON
 Mailing Address 20712 High Ridge Dr

City State Zip Code
 KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-Agency Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.30

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900194

Amount of Each Receipt this Period

75.16

C. Full Name (Last, First, Middle Initial)
 STEVEN P SORENSON
 Mailing Address 20712 High Ridge Dr

City State Zip Code
 KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-Agency Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.46

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900629

Amount of Each Receipt this Period

75.16

SUBTOTAL of Receipts This Page (optional)

177.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 158 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KEVIN A SPATARO
Mailing Address 1663 SARATOGA LANE

City State Zip Code
GLENVIEW IL 60026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Account Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.27

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900170

Amount of Each Receipt this Period

26.70

B. Full Name (Last, First, Middle Initial)
KEVIN A SPATARO
Mailing Address 1663 SARATOGA LANE

City State Zip Code
GLENVIEW IL 60026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Account Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.97

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900605

Amount of Each Receipt this Period

26.70

C. Full Name (Last, First, Middle Initial)
EDWIN M SPECHT
Mailing Address 740 AMBRIA DRIVE

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.55

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899956

Amount of Each Receipt this Period

34.53

SUBTOTAL of Receipts This Page (optional)

87.93

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 159 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900391

Amount of Each Receipt this Period

34.53

B. Full Name (Last, First, Middle Initial)
JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City State Zip Code
N. BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	7

Transaction ID: A2007-900163

Amount of Each Receipt this Period

26.78

C. Full Name (Last, First, Middle Initial)
JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City State Zip Code
N. BARRINGTON IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900598

Amount of Each Receipt this Period

26.78

SUBTOTAL of Receipts This Page (optional)

88.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 160 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.99

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900020

Amount of Each Receipt this Period

41.02

Full Name (Last, First, Middle Initial)

B. MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code
 GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.01

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900455

Amount of Each Receipt this Period

41.02

Full Name (Last, First, Middle Initial)

C. EMORY D STEPHENS JR

Mailing Address 4711 N WOLCOTT AVE

City State Zip Code
 CHICAGO IL 60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.85

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899982

Amount of Each Receipt this Period

38.73

SUBTOTAL of Receipts This Page (optional)

120.77

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 161 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
EMORY D STEPHENS JR

Mailing Address 4711 N WOLCOTT AVE

City State Zip Code
CHICAGO IL 60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.58

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900417

Amount of Each Receipt this Period

38.73

B. Full Name (Last, First, Middle Initial)
GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City State Zip Code
ATLANTIC BEACH FL 32233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.60

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899993

Amount of Each Receipt this Period

37.14

C. Full Name (Last, First, Middle Initial)
GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City State Zip Code
ATLANTIC BEACH FL 32233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.74

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900428

Amount of Each Receipt this Period

37.14

SUBTOTAL of Receipts This Page (optional)

113.01

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 162 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

210.67

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900424

Amount of Each Receipt this Period

19.75

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 ▼

241.91

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899878

Amount of Each Receipt this Period

24.94

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 ▼

266.85

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900313

Amount of Each Receipt this Period

24.94

SUBTOTAL of Receipts This Page (optional)

69.63

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 163 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
KEVIN T SULLIVAN
Mailing Address 221 CARRIAGE HILL CIR

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 -Corp Ethn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

921.18

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900263

Amount of Each Receipt this Period

94.54

B. Full Name (Last, First, Middle Initial)
KEVIN T SULLIVAN
Mailing Address 221 CARRIAGE HILL CIR

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 -Corp Ethn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1015.72

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900698

Amount of Each Receipt this Period

94.54

C. Full Name (Last, First, Middle Initial)
KATHLEEN A SWAIN
Mailing Address 242 HIGHVIEW

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Enterprise Applicatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900047

Amount of Each Receipt this Period

53.86

SUBTOTAL of Receipts This Page (optional)

242.94

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 164 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 589.54		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-900481 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">53.86</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	0	7	53.86									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	5		2	0	0	7																							
53.86																																
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 370.10		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-900089 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">37.51</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	7	37.51									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		1	1		2	0	0	7																							
37.51																																
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 407.61		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A2007-900523 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">37.51</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	0	7	37.51									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	5		2	0	0	7																							
37.51																																

SUBTOTAL of Receipts This Page (optional)

128.88

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 165 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
BENJAMIN A TARVER
Mailing Address 2495 EMERALD LANE

City 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 ▼

211.65

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899927

Amount of Each Receipt this Period

21.90

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 ▼

233.55

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900362

Amount of Each Receipt this Period

21.90

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 ▼

221.55

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900234

Amount of Each Receipt this Period

22.37

SUBTOTAL of Receipts This Page (optional)

66.17

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 166 / 204
(check only one)

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

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
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 CompanyOccupation
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900669

Amount of Each Receipt this Period

22.37

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

Mailing Address 3233 N RACINE #2

City	State	Zip Code
CHICAGO	IL	60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP-PRODUCT NON-STANDARD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	7

Transaction ID: A2007-900246

Amount of Each Receipt this Period

25.14

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

Mailing Address 3233 N RACINE #2

City	State	Zip Code
CHICAGO	IL	60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP-PRODUCT NON-STANDARD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.21

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900681

Amount of Each Receipt this Period

25.14

SUBTOTAL of Receipts This Page (optional)

72.65

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 167 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
W. J THOMPSON

Mailing Address 1734 SHOAL CREEK TERRACE

City State Zip Code
 VERNON HILLS IL 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 ▼

331.85

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899979

Amount of Each Receipt this Period

34.73

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

Mailing Address 1734 SHOAL CREEK TERRACE

City State Zip Code
 VERNON HILLS IL 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 ▼

366.58

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900414

Amount of Each Receipt this Period

34.73

C. Full Name (Last, First, Middle Initial)
ROBERT J TIERNEY

Mailing Address 6628 RFD-CARRIAGE WAY

City State Zip Code
 LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Procurement Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.68

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900495

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

89.34

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

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 ▼

375.10

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900265

Amount of Each Receipt this Period

38.63

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 ▼

413.73

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900700

Amount of Each Receipt this Period

38.63

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 ▼

266.77

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900100

Amount of Each Receipt this Period

27.51

SUBTOTAL of Receipts This Page (optional)

104.77

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 169 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

294.28

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900534

Amount of Each Receipt this Period

27.51

B. Full Name (Last, First, Middle Initial)
 MICHAEL J TREVINO
 Mailing Address 1840 N. SAINT ANDREW DR.

City State Zip Code
 VERNON HILLS IL 60061

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 ▼

308.80

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900235

Amount of Each Receipt this Period

31.30

C. Full Name (Last, First, Middle Initial)
 MICHAEL J TREVINO
 Mailing Address 1840 N. SAINT ANDREW DR.

City State Zip Code
 VERNON HILLS IL 60061

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 ▼

340.10

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900670

Amount of Each Receipt this Period

31.30

SUBTOTAL of Receipts This Page (optional)

90.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 170 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOSEPH V TRIPODI

Mailing Address 565 E DEERPATH 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
SVP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.08

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900293

Amount of Each Receipt this Period

104.49

Full Name (Last, First, Middle Initial)

B. JOSEPH V TRIPODI

Mailing Address 565 E DEERPATH 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
SVP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1112.57

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900728

Amount of Each Receipt this Period

104.49

Full Name (Last, First, Middle Initial)

C. MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code
 LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Agency Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.13

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900220

Amount of Each Receipt this Period

44.41

SUBTOTAL of Receipts This Page (optional)

253.39

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 171 / 204

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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)
MELINDA S TUNNER
Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Agency Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.54

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900655

Amount of Each Receipt this Period

44.41

B. 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 5 / 2 0 0 7

Transaction ID: A2007-900722

Amount of Each Receipt this Period

19.88

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 ▼

510.62

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900107

Amount of Each Receipt this Period

51.51

SUBTOTAL of Receipts This Page (optional)

115.80

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)

<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 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 CompanyOccupation
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900541

Amount of Each Receipt this Period

51.51

B. Full Name (Last, First, Middle Initial)
HELEN K VAN DAAL

Mailing Address 1300 LONGVALLEY RD.

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900484

Amount of Each Receipt this Period

18.76

C. Full Name (Last, First, Middle Initial)
KIMBERLY VAN NOSTERN

Mailing Address 660 PRESTWICK LANE #205

City State Zip Code
WHEELING IL 60090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
AVP Information Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.54

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	7

Transaction ID: A2007-900289

Amount of Each Receipt this Period

24.78

SUBTOTAL of Receipts This Page (optional)

95.05

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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☒ 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 VAN NOSTERN

Mailing Address 660 PRESTWICK LANE #205

City State Zip Code
 WHEELING IL 60090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Information Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.32

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900724

Amount of Each Receipt this Period

24.78

B.

Full Name (Last, First, Middle Initial)

WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City State Zip Code
 VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900046

Amount of Each Receipt this Period

32.70

C.

Full Name (Last, First, Middle Initial)

WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City State Zip Code
 VERNON HILLS IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claims Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.70

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900480

Amount of Each Receipt this Period

32.70

SUBTOTAL of Receipts This Page (optional)

90.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 174 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

Mailing Address 9868 PALACE GREEN WAY

City State Zip Code
VIENNA VA 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 ▼

524.41

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900259

Amount of Each Receipt this Period

53.89

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

Mailing Address 9868 PALACE GREEN WAY

City State Zip Code
VIENNA VA 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 ▼

578.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900694

Amount of Each Receipt this Period

53.89

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

Mailing Address 2514 S WESLEY AVENUE

City State Zip Code
BERWYN IL 60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.80

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900039

Amount of Each Receipt this Period

38.64

SUBTOTAL of Receipts This Page (optional)

146.42

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 RICHARD VAVRA
 Mailing Address 2514 S WESLEY AVENUE

City State Zip Code
 BERWYN IL 60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allstate Insurance Company

Occupation
 Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.44

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900473

Amount of Each Receipt this Period

38.64

B. 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 Company

Occupation
 Vice President Sec & Gene

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.66

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900222

Amount of Each Receipt this Period

77.04

C. 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 Company

Occupation
 Vice President Sec & Gene

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

827.70

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900657

Amount of Each Receipt this Period

77.04

SUBTOTAL of Receipts This Page (optional)

192.72

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 176 / 204
(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

Mailing Address 37144 FOX HILL DR

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President & Treasure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.07

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899922

Amount of Each Receipt this Period

67.42

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

Mailing Address 37144 FOX HILL DR

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President & Treasure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

723.49

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900357

Amount of Each Receipt this Period

67.42

C. Full Name (Last, First, Middle Initial)
JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Corp. Rel.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.86

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900307

Amount of Each Receipt this Period

46.99

SUBTOTAL of Receipts This Page (optional)

181.83

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 177 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Corp. Rel.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.85

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900742

Amount of Each Receipt this Period

46.99

Full Name (Last, First, Middle Initial)

B. MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City State Zip Code
 CLOVIS CA 93611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
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 / 1 1 / 2 0 0 7

Transaction ID: A2007-900012

Amount of Each Receipt this Period

28.43

Full Name (Last, First, Middle Initial)

C. MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City State Zip Code
 CLOVIS CA 93611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
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 5 / 2 0 0 7

Transaction ID: A2007-900447

Amount of Each Receipt this Period

28.43

SUBTOTAL of Receipts This Page (optional)

103.85

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 178 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
ANTON WANDERON
Mailing Address 112 BRISTOL PLACE

City State Zip Code
PONTE VEDRA FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
DIRECTOR CREDIT DEPARTMEN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.70

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899992

Amount of Each Receipt this Period

48.47

B. Full Name (Last, First, Middle Initial)
ANTON WANDERON
Mailing Address 112 BRISTOL PLACE

City State Zip Code
PONTE VEDRA FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
DIRECTOR CREDIT DEPARTMEN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.17

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900427

Amount of Each Receipt this Period

48.47

C. Full Name (Last, First, Middle Initial)
THOMAS M WARDEN
Mailing Address 146 LA GRANDE

City State Zip Code
MOSS BEACH CA 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 ▼

310.59

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900005

Amount of Each Receipt this Period

31.92

SUBTOTAL of Receipts This Page (optional)

128.86

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 179 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS M WARDEN

Mailing Address 146 LA GRANDE

City State Zip Code
MOSS BEACH CA 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 ▼

342.51

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900440

Amount of Each Receipt this Period

31.92

Full Name (Last, First, Middle Initial)

B. EDWIN L WASINGER JR

Mailing Address 6245 MURIFIELD DRIVE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Procurement Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900174

Amount of Each Receipt this Period

35.07

Full Name (Last, First, Middle Initial)

C. EDWIN L WASINGER JR

Mailing Address 6245 MURIFIELD DRIVE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Procurement Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.87

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900609

Amount of Each Receipt this Period

35.07

SUBTOTAL of Receipts This Page (optional)

102.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 180 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

DOUGLAS B WELCH

Mailing Address 1724 INDEPENDENCE AVE

City State Zip Code
 GLENVIEW IL 60026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.67

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900028

Amount of Each Receipt this Period

55.54

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

DOUGLAS B WELCH

Mailing Address 1724 INDEPENDENCE AVE

City State Zip Code
 GLENVIEW IL 60026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.21

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900462

Amount of Each Receipt this Period

55.54

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

JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.45

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900248

Amount of Each Receipt this Period

31.26

SUBTOTAL of Receipts This Page (optional)

142.34

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 181 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City	State	Zip Code
LIBERTYVILLE	IL	60048

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.71

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900683

Amount of Each Receipt this Period

31.26

Full Name (Last, First, Middle Initial)

B. ROBERT J WHITE

Mailing Address 909 STILLWATER COURT

City	State	Zip Code
WESTON	FL	33327

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	7

Transaction ID: A2007-899940

Amount of Each Receipt this Period

32.70

Full Name (Last, First, Middle Initial)

C. ROBERT J WHITE

Mailing Address 909 STILLWATER COURT

City	State	Zip Code
WESTON	FL	33327

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Territorial Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.49

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	7

Transaction ID: A2007-900375

Amount of Each Receipt this Period

32.70

SUBTOTAL of Receipts This Page (optional)

96.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 182 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. SAMUEL W WHITEMAN

Mailing Address 120 NE STONELEDGE PLACE

City State Zip Code
 LEESBURG VA 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 ▼

300.55

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900236

Amount of Each Receipt this Period

30.53

Full Name (Last, First, Middle Initial)

B. SAMUEL W WHITEMAN

Mailing Address 120 NE STONELEDGE PLACE

City State Zip Code
 LEESBURG VA 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 ▼

331.08

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900671

Amount of Each Receipt this Period

30.53

Full Name (Last, First, Middle Initial)

C. 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 ▼

366.95

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899981

Amount of Each Receipt this Period

37.59

SUBTOTAL of Receipts This Page (optional)

98.65

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 183 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial) CYNTHIA R WHITLEY		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 6722 NEW HAMPSHIRE TRAIL		Transaction ID: A2007-900416
City CRYSTAL LAKE	State IL	Zip Code 60012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.59
Name of Employer Allstate Insurance Company	Occupation CC IT Systems Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.54	

B. Full Name (Last, First, Middle Initial) ROB WHOLF		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 847 INTERLAKEN DRIVE		Transaction ID: A2007-900019
City LAKE ZURICH	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.79
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.90	

C. Full Name (Last, First, Middle Initial) ROB WHOLF		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 847 INTERLAKEN DRIVE		Transaction ID: A2007-900454
City LAKE ZURICH	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.79
Name of Employer Allstate Insurance Company	Occupation Claims Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.69	

SUBTOTAL of Receipts This Page (optional)

81.17

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 184 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Product Operations Direct

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 / 1 1 / 2 0 0 7

Transaction ID: A2007-900060

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

B. JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Product Operations Direct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.65

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900494

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

C. ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City State Zip Code
KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.22

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900266

Amount of Each Receipt this Period

40.87

SUBTOTAL of Receipts This Page (optional)

104.87

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City State Zip Code
 KILDEER IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.09

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900701

Amount of Each Receipt this Period

40.87

Full Name (Last, First, Middle Initial)

B. JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City State Zip Code
 CLARKSVILLE MD 21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.60

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900092

Amount of Each Receipt this Period

38.77

Full Name (Last, First, Middle Initial)

C. JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City State Zip Code
 CLARKSVILLE MD 21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.37

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900526

Amount of Each Receipt this Period

38.77

SUBTOTAL of Receipts This Page (optional)

118.41

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 186 / 204
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City	State	Zip Code
CHICAGO	IL	60614

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	7

Transaction ID: A2007-900192

Amount of Each Receipt this Period

221.54

Full Name (Last, First, Middle Initial)

B. THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City	State	Zip Code
CHICAGO	IL	60614

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2422.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	7

Transaction ID: A2007-900627

Amount of Each Receipt this Period

221.54

Full Name (Last, First, Middle Initial)

C. BRUCE A WOIKE

Mailing Address 1318 N. CHESTNUT AVE.

City	State	Zip Code
ARLINGTON HTS.	IL	60004

FEC ID number of contributing
federal political committee.**C**Name of Employer
Allstate Insurance CompanyOccupation
Accounting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	7

Transaction ID: A2007-900165

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional)

462.96

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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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)
BRUCE A WOIKE
Mailing Address 1318 N. CHESTNUT AVE.

City State Zip Code
ARLINGTON HTS. IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Accounting Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.53

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900600

Amount of Each Receipt this Period

19.88

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 ▼

303.20

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-899924

Amount of Each Receipt this Period

30.62

C. Full Name (Last, First, Middle Initial)
MATTHEW WOJTASZEK
Mailing Address 7 WELLESLEY COURT

City State Zip Code
HAWTHORN WOODS IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior Field Operations M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.82

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900359

Amount of Each Receipt this Period

30.62

SUBTOTAL of Receipts This Page (optional)

81.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 188 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

345.19

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900257

Amount of Each Receipt this Period

35.24

B. Full Name (Last, First, Middle Initial)
RHONDA WOODARD
Mailing Address 2341 MARCY AVENUE

City State Zip Code
EVANSTON IL 60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP-PRODUCT DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.43

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900692

Amount of Each Receipt this Period

35.24

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 ▼

340.20

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900065

Amount of Each Receipt this Period

34.69

SUBTOTAL of Receipts This Page (optional)

105.17

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 189 / 204

(check only one)

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

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

374.89

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900499

Amount of Each Receipt this Period

34.69

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

Mailing Address 1610 BIRCH LANE

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.93

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900128

Amount of Each Receipt this Period

47.06

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

Mailing Address 1610 BIRCH LANE

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.99

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900563

Amount of Each Receipt this Period

47.06

SUBTOTAL of Receipts This Page (optional)

128.81

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
LORI J YELVINGTON
Mailing Address 1531 N HIGHLAND AVE

City State Zip Code
ARLINGTON HGTS. IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Procurement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.24

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900136

Amount of Each Receipt this Period

50.44

B. Full Name (Last, First, Middle Initial)
LORI J YELVINGTON
Mailing Address 1531 N HIGHLAND AVE

City State Zip Code
ARLINGTON HGTS. IL 60004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
AVP Procurement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900571

Amount of Each Receipt this Period

50.44

C. Full Name (Last, First, Middle Initial)
RICHARD P YOCIUS
Mailing Address 40135 N GOLDENROD

City State Zip Code
WADSWORTH IL 60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

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 / 1 1 / 2 0 0 7

Transaction ID: A2007-900067

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional)

140.65

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
 RICHARD P YOCIUS
 Mailing Address 40135 N GOLDENROD

City State Zip Code
 WADSWORTH IL 60083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Senior State Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.42

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900501

Amount of Each Receipt this Period

39.77

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 ▼

634.37

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900206

Amount of Each Receipt this Period

64.76

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 ▼

699.13

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900641

Amount of Each Receipt this Period

64.76

SUBTOTAL of Receipts This Page (optional)

169.29

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
PAUL K ZIGTERMAN

Mailing Address 236 SOUTH RIVERSIDE DRIVE

City State Zip Code
 VILLA PARK IL 60181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.92

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900615

Amount of Each Receipt this Period

18.97

B. Full Name (Last, First, Middle Initial)
JAMES P ZILS

Mailing Address 832 PADDOCK LANE

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP Investment Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.72

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900237

Amount of Each Receipt this Period

37.78

C. Full Name (Last, First, Middle Initial)
JAMES P ZILS

Mailing Address 832 PADDOCK LANE

City State Zip Code
 LIBERTYVILLE IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
VP Investment Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.25

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900672

Amount of Each Receipt this Period

49.53

SUBTOTAL of Receipts This Page (optional)

106.28

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 193 / 204

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City State Zip Code
AURORA IL 60502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.25

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900197

Amount of Each Receipt this Period

35.95

B. Full Name (Last, First, Middle Initial)
GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City State Zip Code
AURORA IL 60502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Home Office Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.20

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900632

Amount of Each Receipt this Period

35.95

C. 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 Company

Occupation
Field Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.82

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900697

Amount of Each Receipt this Period

19.87

SUBTOTAL of Receipts This Page (optional)

91.77

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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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)

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

341.85

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: A2007-900254

Amount of Each Receipt this Period

35.13

B.

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

376.98

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: A2007-900689

Amount of Each Receipt this Period

35.13

SUBTOTAL of Receipts This Page (optional)

70.26

TOTAL This Period (last page this line number only)

24412.41

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address 346 West Carol Lane

City Elmhurst State IL Zip Code 60062

Purpose of Disbursement
Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: IL

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B173864

Date of Disbursement

05 / 11 / 2007

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Fifth Third Bank

Mailing Address P.O. Box 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: OH

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B173865

Date of Disbursement

05 / 11 / 2007

Amount of Each Disbursement this Period

67.63

SUBTOTAL of Disbursements This Page (optional)

77.63

TOTAL This Period (last page this line number only)

77.63

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 196 / 204

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Friends of Ginny Brown-Waite

Mailing Address 2501 Wisconsin Ave NW #304

City Washington State DC Zip Code 20007

Purpose of Disbursement
P-2008 U.S. House 05 FL

Candidate Name
Virginia Brown-Waite

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: B171465

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Scott Garrett for Congress

Mailing Address P.O. Box 905

City Newton State NJ Zip Code 07860

Purpose of Disbursement
P-2008 U.S. House 05 NJ

Candidate Name
E. Scott Garrett

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: B171466

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bachmann for Congress

Mailing Address 700 12th St. NW #700

City Washington State DC Zip Code 20005

Purpose of Disbursement
P-2008 U.S. House 06 MN

Candidate Name
Michele Bachmann

Office Sought: ☒ House
☐ Senate
☐ President

State: MN District: 06

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: B171467

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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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

Full Name (Last, First, Middle Initial)

A. NE Leadership PAC (NELPAC)

Mailing Address 420 C Street NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
O-2007 Federal PAC US

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: DC

District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B171874

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kirk for Congress Inc.

Mailing Address P.O. Box 8

City
Winnetka

State
IL

Zip Code
60093

Purpose of Disbursement
P-2008 U.S. House 10 IL

Candidate Name
Mark S Kirk

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: IL

District: 10

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B171875

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gerlach for Congress

Mailing Address 700 12th Street NW Suite 700

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
P-2008 U.S. House 06 PA

Candidate Name
Jim Gerlach

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: PA

District: 06

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B172962

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

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

Full Name (Last, First, Middle Initial)

A. Judy Biggert for Congress

Mailing Address 1465 Stoddard Ave.

City
Wheaton

State
IL

Zip Code
60187

Purpose of Disbursement
P-2008 U.S. House 13 IL

Candidate Name
Judy Biggert

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 13

Transaction ID: B173094

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Royce Campaign Committee

Mailing Address 217 3rd Street SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
P-2008 U.S. House 40 CA

Candidate Name
Ed Royce

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 40

Transaction ID: B173095

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

10500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. PA Insurance PAC

Mailing Address 1600 Market Street #1520

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
O-2007 State PAC PA

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: PA District:

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

Transaction ID: B171433

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Friends of Ken Dunkin

Mailing Address P.O. Box 16802

City Chicago State IL Zip Code 60616

Purpose of Disbursement
G-2008 State House 05 IL

Candidate Name
Kenneth Dunkin

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 05

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B171437

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dave Albo for Delegate

Mailing Address 6367 Rolling Mill Place

City Springfield State VA Zip Code 22152

Purpose of Disbursement
P-2007 State House 42 VA

Candidate Name
David Barr Albo

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 42

Disbursement For: 2007
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B172949

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

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

Full Name (Last, First, Middle Initial)

A. Joe May for Delegate

Mailing Address P.O. Box 4104

City Leesburg State VA Zip Code 20177

Purpose of Disbursement
P-2007 State House 33 VA

Candidate Name
Joe T May

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2007
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 33

Transaction ID: B172950

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of Harvey Morgan

Mailing Address P.O. Box 949

City Gloucester State VA Zip Code 23061

Purpose of Disbursement
P-2007 State House 98 VA

Candidate Name
Harvey Morgan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2007
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 98

Transaction ID: B172951

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends of Tommy Norment

Mailing Address P.O. Box 6205

City Williamsburg State VA Zip Code 23188

Purpose of Disbursement
P-2007 State Senate 03 VA

Candidate Name
Thomas K Norment

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2007
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 03

Transaction ID: B172952

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

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

Full Name (Last, First, Middle Initial)

A. Friends of Ken Stolle

Mailing Address 2101 Parks Avenue #700

City Virginia Beach State VA Zip Code 23451

Purpose of Disbursement
P-2007 State Senate 08 VA

Candidate Name
Kenneth W Stolle

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2007
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 08

Transaction ID: B172953

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Walter Stosch

Mailing Address 4551 Cox Rd. Suite 110

City Glen Allen State VA Zip Code 23060

Purpose of Disbursement
P-2007 State Senate 12 VA

Candidate Name
Walter A Stosch

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2007
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 12

Transaction ID: B172954

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Wampler for Senate

Mailing Address 510 Cumberland Street Suite 308

City Bristol State VA Zip Code 24201

Purpose of Disbursement
P-2007 State Senate 40 VA

Candidate Name
William C Wampler

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2007
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 40

Transaction ID: B172955

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. Marty Williams for Senate

Mailing Address P.O. Box 1096

City
Newport News

State
VA

Zip Code
23601

Purpose of Disbursement
P-2007 State Senate 01 VA

Candidate Name
Marty Williams

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2007
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 01

Transaction ID: B172956

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steve Carter for Attorney General

Mailing Address 47 South Meridian Street #200

City
Indianapolis

State
IN

Zip Code
46204

Purpose of Disbursement
P-2008 State Att. General IN

Candidate Name
Steve Carter

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District:

Transaction ID: B172957

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect James King

Mailing Address 329 Gambrills Road-Suite B

City
Gambrills

State
MD

Zip Code
21054

Purpose of Disbursement
O-2010 State House 33A MD

Candidate Name
James King

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: MD District: 33

Election Cycle

Transaction ID: B172958

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

250.00

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

Full Name (Last, First, Middle Initial)

A. Friends of Roger Manno

Mailing Address 2138 Merrifields Drive

City Silver Spring State MD Zip Code 20906

Purpose of Disbursement
O-2010 State House 19 MDCandidate Name
Roger Manno011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Election Cycle

State: MD District: 19

Transaction ID: B172959

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 7

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Donna Stifler Campaign

Mailing Address P.O. Box 142

City Fallston State MD Zip Code 21047

Purpose of Disbursement
O-2010 State House 35A MDCandidate Name
Donna Stifler011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Election Cycle

State: MD District: 35

Transaction ID: B172960

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 7

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Friends of Lisa Gladden

Mailing Address 1509 Light Street

City Baltimore State MD Zip Code 21230

Purpose of Disbursement
O-2010 State Senate 41 MDCandidate Name
Lisa A Gladden011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Election Cycle

State: MD District: 41

Transaction ID: B172961

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 7

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

13750.00

Form/Schedule: **SA11A1**

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.