

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Heidi for Senate

Mailing Address 420 C Street SE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Candidate Name

Heidi Heitkamp

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2016

Transaction ID : B604977

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HellerHighwater PAC

Mailing Address P.O. Box 370672

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼ Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2016

Transaction ID : B616958

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Schumer

Mailing Address 220 I Street NE Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Candidate Name

Charles E Schumer

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2016

Transaction ID : B614608

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

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