

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Friends of Cheri Bustos

Mailing Address PO BOX 77

City East Moline State IL Zip Code 61244

Purpose of Disbursement
Contribution

011

Candidate Name

Cheri Bustos

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2013

Transaction ID : B458738

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gutierrez for Congress

Mailing Address 236 Massachusetts Ave. NE #603

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Luis Gutierrez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2013

Transaction ID : B458744

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Randy Hultgren for Congress

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contribution

011

Candidate Name

Randy Hultgren

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2013

Transaction ID : B458737

Amount of Each Disbursement this Period

1000.00

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

3500.00

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