

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="24493.80"/>	<input type="text" value="24493.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="54212.78"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6097.42"/>	<input type="text" value="68589.48"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="60310.20"/>	<input type="text" value="93083.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23869.30"/>	<input type="text" value="56642.38"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="36440.90"/>	<input type="text" value="36440.90"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07 / 01 / 2016 To: 09 / 30 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4524.08	63491.37
(ii) Unitemized	1573.34	5098.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6097.42	68589.48
(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)	6097.42	68589.48
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	6097.42	68589.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6097.42	68589.48

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	19.30	142.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	19.30	142.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22850.00	53400.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	1000.00	3100.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23869.30	56642.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23869.30	56642.38

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	6097.42	68589.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6097.42	68589.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	19.30	142.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19.30	142.38

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. BEVERSDORF, BRETT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-AVIATION & TRAVEL SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 732.00

Date of Receipt 07 / 10 / 2016
Transaction ID : SA11AI.4753
 Amount of Each Receipt this Period 77.00
 Memo Item
 PAYROLL DEDUCTION

B. BEVERSDORF, BRETT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-AVIATION & TRAVEL SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 809.00

Date of Receipt 07 / 24 / 2016
Transaction ID : SA11AI.4754
 Amount of Each Receipt this Period 77.00
 Memo Item
 PAYROLL DEDUCTION

C. BEVERSDORF, BRETT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-AVIATION & TRAVEL SERVICES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 886.00

Date of Receipt 08 / 07 / 2016
Transaction ID : SA11AI.4755
 Amount of Each Receipt this Period 77.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	231.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. BEVERSDORF, BRETT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-AVIATION & TRAVEL SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 963.00

Date of Receipt 08 / 21 / 2016
Transaction ID : SA11AI.4756
 Amount of Each Receipt this Period 77.00
 Memo Item
 PAYROLL DEDUCTION

B. BEVERSDORF, BRETT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-AVIATION & TRAVEL SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 09 / 04 / 2016
Transaction ID : SA11AI.4757
 Amount of Each Receipt this Period 77.00
 Memo Item
 PAYROLL DEDUCTION

C. BEVERSDORF, BRETT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-AVIATION & TRAVEL SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1117.00

Date of Receipt 09 / 18 / 2016
Transaction ID : SA11AI.4758
 Amount of Each Receipt this Period 77.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	231.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. DIETRY, MICHAEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTH POINT DRIVE

City STEVENS POINT	State WI	Zip Code 54481
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-PL PRODUCT & AGENCY SALES
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
323.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2016

Transaction ID : SA11AI.4789

Amount of Each Receipt this Period
30.77

Memo Item
PAYROLL DEDUCTION

B. DIETRY, MICHAEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTH POINT DRIVE

City STEVENS POINT	State WI	Zip Code 54481
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-PL PRODUCT & AGENCY SALES
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
354.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2016

Transaction ID : SA11AI.4790

Amount of Each Receipt this Period
30.77

Memo Item
PAYROLL DEDUCTION

C. DIETRY, MICHAEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTH POINT DRIVE

City STEVENS POINT	State WI	Zip Code 54481
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-PL PRODUCT & AGENCY SALES
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
384.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2016

Transaction ID : SA11AI.4791

Amount of Each Receipt this Period
30.77

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	92.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
	<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. DIETRY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL PRODUCT & AGENCY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.62

Date of Receipt 08 / 21 / 2016
Transaction ID : SA11AI.4792
 Amount of Each Receipt this Period 30.77
 Memo Item
 PAYROLL DEDUCTION

B. DIETRY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL PRODUCT & AGENCY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 446.39

Date of Receipt 09 / 04 / 2016
Transaction ID : SA11AI.4793
 Amount of Each Receipt this Period 30.77
 Memo Item
 PAYROLL DEDUCTION

C. DIETRY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL PRODUCT & AGENCY SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 477.16

Date of Receipt 09 / 18 / 2016
Transaction ID : SA11AI.4794
 Amount of Each Receipt this Period 30.77
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	92.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
	<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. FELDMAN, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-MANAGED CARE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 219.78

Date of Receipt **08 / 21 / 2016**
Transaction ID : SA11AI.4805
 Amount of Each Receipt this Period 24.42
 Memo Item
PAYROLL DEDUCTION

B. FELDMAN, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-MANAGED CARE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 244.20

Date of Receipt **09 / 04 / 2016**
Transaction ID : SA11AI.4806
 Amount of Each Receipt this Period 24.42
 Memo Item
PAYROLL DEDUCTION

C. FELDMAN, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-MANAGED CARE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 268.62

Date of Receipt **09 / 18 / 2016**
Transaction ID : SA11AI.4807
 Amount of Each Receipt this Period 24.42
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	73.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
	<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. FIRMINHAC, KRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-RESERVING-P&C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 10 / 2016
Transaction ID : SA11AI.4808
 Amount of Each Receipt this Period 15.00
 Memo Item
PAYROLL DEDUCTION

B. FIRMINHAC, KRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-RESERVING-P&C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 24 / 2016
Transaction ID : SA11AI.4809
 Amount of Each Receipt this Period 15.00
 Memo Item
PAYROLL DEDUCTION

C. FIRMINHAC, KRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-RESERVING-P&C
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 07 / 2016
Transaction ID : SA11AI.4810
 Amount of Each Receipt this Period 15.00
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. FIRMINHAC, KRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-RESERVING-P&C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 21 / 2016
Transaction ID : SA11AI.4811
 Amount of Each Receipt this Period 15.00
 Memo Item
PAYROLL DEDUCTION

B. FIRMINHAC, KRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-RESERVING-P&C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 04 / 2016
Transaction ID : SA11AI.4812
 Amount of Each Receipt this Period 15.00
 Memo Item
PAYROLL DEDUCTION

C. FIRMINHAC, KRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-RESERVING-P&C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 18 / 2016
Transaction ID : SA11AI.4813
 Amount of Each Receipt this Period 15.00
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. GWIDT, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-FIN REPORTING & ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.68

Date of Receipt 08 / 07 / 2016
Transaction ID : SA11AI.4829
 Amount of Each Receipt this Period 28.46
 Memo Item
 PAYROLL DEDUCTION

B. GWIDT, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-FIN REPORTING & ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 256.14

Date of Receipt 08 / 21 / 2016
Transaction ID : SA11AI.4830
 Amount of Each Receipt this Period 28.46
 Memo Item
 PAYROLL DEDUCTION

C. GWIDT, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-FIN REPORTING & ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 284.60

Date of Receipt 09 / 04 / 2016
Transaction ID : SA11AI.4831
 Amount of Each Receipt this Period 28.46
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	85.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. GWIDT, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-FIN REPORTING & ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 313.06

Date of Receipt 09 / 18 / 2016
Transaction ID : SA11AI.4832
 Amount of Each Receipt this Period 28.46
 Memo Item
 PAYROLL DEDUCTION

B. KELLY, TIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-CL CLAIMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.39

Date of Receipt 08 / 21 / 2016
Transaction ID : SA11AI.4861
 Amount of Each Receipt this Period 30.77
 Memo Item
 PAYROLL DEDUCTION

C. KELLY, TIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-CL CLAIMS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 246.16

Date of Receipt 09 / 04 / 2016
Transaction ID : SA11AI.4862
 Amount of Each Receipt this Period 30.77
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. KELLY, TIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-CL CLAIMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.93

Date of Receipt 09 / 18 / 2016
Transaction ID : SA11AI.4863
 Amount of Each Receipt this Period 30.77
 Memo Item
 PAYROLL DEDUCTION

B. KNEZ, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) SR DIR-IND LIFE & ANNUITIES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.03

Date of Receipt 07 / 24 / 2016
Transaction ID : SA11AI.4865
 Amount of Each Receipt this Period 33.29
 Memo Item
 PAYROLL DEDUCTION

C. KNEZ, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) SR DIR-IND LIFE & ANNUITIES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 266.32

Date of Receipt 08 / 07 / 2016
Transaction ID : SA11AI.4866
 Amount of Each Receipt this Period 33.29
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	97.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
	<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. KNEZ, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) SR DIR-IND LIFE & ANNUITIES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 299.61

Date of Receipt 08 / 21 / 2016
Transaction ID : SA11AI.4867
 Amount of Each Receipt this Period 33.29
 Memo Item
PAYROLL DEDUCTION

B. KNEZ, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) SR DIR-IND LIFE & ANNUITIES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 332.90

Date of Receipt 09 / 04 / 2016
Transaction ID : SA11AI.4868
 Amount of Each Receipt this Period 33.29
 Memo Item
PAYROLL DEDUCTION

C. KNEZ, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) SR DIR-IND LIFE & ANNUITIES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 366.19

Date of Receipt 09 / 18 / 2016
Transaction ID : SA11AI.4869
 Amount of Each Receipt this Period 33.29
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	99.87
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. KOBUSSEN, KIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 891 EDDINGTON DRIVE
 City SUN PRAIRIE State WI Zip Code 53590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP - GOVERNMENT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 24 / 2016
Transaction ID : SA11AI.4979
 Amount of Each Receipt this Period 500.00
 Memo Item

B. MARSDEN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL PRODUCTS & PRICING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 361.58

Date of Receipt 07 / 10 / 2016
Transaction ID : SA11AI.4888
 Amount of Each Receipt this Period 30.77
 Memo Item
 PAYROLL DEDUCTION

C. MARSDEN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL PRODUCTS & PRICING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.35

Date of Receipt 07 / 24 / 2016
Transaction ID : SA11AI.4889
 Amount of Each Receipt this Period 30.77
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 561.54
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 31
	<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. MARSDEN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL PRODUCTS & PRICING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.12

Date of Receipt 08 / 07 / 2016
Transaction ID : SA11AI.4890
 Amount of Each Receipt this Period 30.77
 Memo Item
PAYROLL DEDUCTION

B. MARSDEN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL PRODUCTS & PRICING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 453.89

Date of Receipt 08 / 21 / 2016
Transaction ID : SA11AI.4891
 Amount of Each Receipt this Period 30.77
 Memo Item
PAYROLL DEDUCTION

C. MARSDEN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL PRODUCTS & PRICING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 484.66

Date of Receipt 09 / 04 / 2016
Transaction ID : SA11AI.4892
 Amount of Each Receipt this Period 30.77
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	92.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. MARSDEN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL PRODUCTS & PRICING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.43

Date of Receipt 09 / 18 / 2016
Transaction ID : SA11AI.4893
 Amount of Each Receipt this Period 30.77
 Memo Item
PAYROLL DEDUCTION

B. PETRUSKA, JAYNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) VP CHIEF HR OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA11AI.4980
 Amount of Each Receipt this Period 1700.00
 Memo Item

C. POTTER, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-CLAIMS SHARED SERVICES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 335.10

Date of Receipt 07 / 10 / 2016
Transaction ID : SA11AI.4912
 Amount of Each Receipt this Period 55.85
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	1786.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 31
<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. POTTER, JIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTHPOINT DRIVE

City STEVENS POINT	State WI	Zip Code 54481
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-CLAIMS SHARED SERVICES
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2016

Transaction ID : SA11AI.4913

Amount of Each Receipt this Period
55.85

Memo Item
PAYROLL DEDUCTION

B. POTTER, JIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTHPOINT DRIVE

City STEVENS POINT	State WI	Zip Code 54481
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-CLAIMS SHARED SERVICES
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
446.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2016

Transaction ID : SA11AI.4914

Amount of Each Receipt this Period
55.85

Memo Item
PAYROLL DEDUCTION

C. POTTER, JIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTHPOINT DRIVE

City STEVENS POINT	State WI	Zip Code 54481
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-CLAIMS SHARED SERVICES
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
502.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2016

Transaction ID : SA11AI.4915

Amount of Each Receipt this Period
55.85

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	167.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 31
	<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. POTTER, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-CLAIMS SHARED SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 558.50

Date of Receipt 09 / 04 / 2016
Transaction ID : SA11AI.4916
 Amount of Each Receipt this Period 55.85
 Memo Item
PAYROLL DEDUCTION

B. POTTER, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-CLAIMS SHARED SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 614.35

Date of Receipt 09 / 18 / 2016
Transaction ID : SA11AI.4917
 Amount of Each Receipt this Period 55.85
 Memo Item
PAYROLL DEDUCTION

C. ROBINSON, ELISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-FINANCIAL PLANNING & ANALY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 10 / 2016
Transaction ID : SA11AI.4924
 Amount of Each Receipt this Period 35.00
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	146.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 31
	<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. ROBINSON, ELISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-FINANCIAL PLANNING & ANALY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 07 / 24 / 2016
Transaction ID : SA11AI.4925
 Amount of Each Receipt this Period 35.00
 Memo Item
 PAYROLL DEDUCTION

B. ROBINSON, ELISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-FINANCIAL PLANNING & ANALY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 07 / 2016
Transaction ID : SA11AI.4926
 Amount of Each Receipt this Period 35.00
 Memo Item
 PAYROLL DEDUCTION

C. ROBINSON, ELISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-FINANCIAL PLANNING & ANALY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 08 / 21 / 2016
Transaction ID : SA11AI.4927
 Amount of Each Receipt this Period 35.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶ 105.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 31
<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. ROBINSON, ELISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-FINANCIAL PLANNING & ANALY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 04 / 2016
Transaction ID : SA11AI.4928
 Amount of Each Receipt this Period 35.00
 Memo Item
 PAYROLL DEDUCTION

B. ROBINSON, ELISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-FINANCIAL PLANNING & ANALY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 09 / 18 / 2016
Transaction ID : SA11AI.4929
 Amount of Each Receipt this Period 35.00
 Memo Item
 PAYROLL DEDUCTION

C. SAEGER, NICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-TRANS PRODUCTS & PRICING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 219.24

Date of Receipt 07 / 10 / 2016
Transaction ID : SA11AI.4931
 Amount of Each Receipt this Period 36.54
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	106.54
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 31
	<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. SAEGER, NICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-TRANS PRODUCTS & PRICING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.78

Date of Receipt 07 / 24 / 2016
Transaction ID : SA11AI.4932
 Amount of Each Receipt this Period 36.54
 Memo Item
 PAYROLL DEDUCTION

B. SAEGER, NICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-TRANS PRODUCTS & PRICING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 292.32

Date of Receipt 08 / 07 / 2016
Transaction ID : SA11AI.4933
 Amount of Each Receipt this Period 36.54
 Memo Item
 PAYROLL DEDUCTION

C. SAEGER, NICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-TRANS PRODUCTS & PRICING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 328.86

Date of Receipt 08 / 21 / 2016
Transaction ID : SA11AI.4934
 Amount of Each Receipt this Period 36.54
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	109.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 31
	<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. SAEGER, NICK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTHPOINT DRIVE

City STEVENS POINT	State WI	Zip Code 54481
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-TRANS PRODUCTS & PRICING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2016

Transaction ID : SA11AI.4935

Amount of Each Receipt this Period
36.54

Memo Item
PAYROLL DEDUCTION

B. SAEGER, NICK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTHPOINT DRIVE

City STEVENS POINT	State WI	Zip Code 54481
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-TRANS PRODUCTS & PRICING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
401.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2016

Transaction ID : SA11AI.4936

Amount of Each Receipt this Period
36.54

Memo Item
PAYROLL DEDUCTION

C. YEISER, ROBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTHPOINT DRIVE

City STEVENS POINT	State WI	Zip Code 54481
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-PL CUSTOMER & BRAND DEVEL
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2016

Transaction ID : SA11AI.4975

Amount of Each Receipt this Period
48.16

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	121.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 31
<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. YEISER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL CUSTOMER & BRAND DEVEI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.96

Date of Receipt 08 / 21 / 2016
Transaction ID : SA11AI.4976
 Amount of Each Receipt this Period 48.16
 Memo Item
 PAYROLL DEDUCTION

B. YEISER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL CUSTOMER & BRAND DEVEI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 337.12

Date of Receipt 09 / 04 / 2016
Transaction ID : SA11AI.4977
 Amount of Each Receipt this Period 48.16
 Memo Item
 PAYROLL DEDUCTION

C. YEISER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL CUSTOMER & BRAND DEVEL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 385.28

Date of Receipt 09 / 18 / 2016
Transaction ID : SA11AI.4978
 Amount of Each Receipt this Period 48.16
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	144.48
TOTAL This Period (last page this line number only).....	4524.08

**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"/> 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)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AX PAC

Mailing Address PO BOX 538

City
WAUSAU

State
WI

Zip Code
54402

Purpose of Disbursement
CONTRIBUTION

Candidate Name

DUFFY, SEAN, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C H0W107051

Transaction ID : SB23.4997

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HIMES FOR CONGRESS

Mailing Address 857 POST ROAD, #312

City
FAIRFIELD

State
CT

Zip Code
06824

Purpose of Disbursement
CONTRIBUTION

Candidate Name

HIMES, JIM, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: CT District: 04

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2016

FEC Identification Number

C H8CT04172

Transaction ID : SB23.4993

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City
TEMPE

State
AZ

Zip Code
85285

Purpose of Disbursement
CONTRIBUTION

Candidate Name

SINEMA, KYRSTEN, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C H2AZ09019

Transaction ID : SB23.4996

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LOU BARLETTA FOR CONGRESS

Mailing Address P.O. BOX 128

City
HAZLETON

State
PA

Zip Code
18201

Purpose of Disbursement
CONTRIBUTION

Candidate Name

BARLETTA, LOU, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 11

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 06 / 2016

FEC Identification Number

C H2PA11098

Transaction ID : SB23.4990

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MARK POCAN FOR CONGRESS

Mailing Address PO BOX 327

City
MADISON

State
WI

Zip Code
53701

Purpose of Disbursement
CONTRIBUTION

Candidate Name

POCAN, MARK, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 17 / 2016

FEC Identification Number

C H2WI02124

Transaction ID : SB23.4992

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MIKE GALLAGHER FOR WISCONSIN

Mailing Address PO BOX 1027

City
GREEN BAY

State
WI

Zip Code
54305

Purpose of Disbursement
CONTRIBUTION

Candidate Name

GALLAGHER, MICHAEL, JOHN, ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 06 / 2016

FEC Identification Number

C H6WI08155

Transaction ID : SB23.5008

Amount of Each Disbursement this Period

350.00

Memo Item

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

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

3850.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MIKE GALLAGHER FOR WISCONSIN

Mailing Address PO BOX 1027

City GREEN BAY State WI Zip Code 54305

Purpose of Disbursement CONTRIBUTION

Candidate Name GALLAGHER, MICHAEL, JOHN, ,

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: WI District: 08

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2016

FEC Identification Number

C H6WI08155

Transaction ID : SB23.5007

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MOORE FOR CONGRESS

Mailing Address PO BOX 16646

City MILWAUKEE State WI Zip Code 53216

Purpose of Disbursement CONTRIBUTION

Candidate Name MOORE, GWEN S, , ,

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: WI District: 04

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C H4WI04183

Transaction ID : SB23.4995

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RYAN-NRCC VICTORY COMMITTEE

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement CONTRIBUTION

Candidate Name RYAN, PAUL D., , ,

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: WI District: 01

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2016

FEC Identification Number

C H8WI01024

Transaction ID : SB23.4994

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. TAMMY BALDWIN FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement CONTRIBUTION

Candidate Name BALDWIN, TAMMY, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: WI District: 00

Date of Disbursement: 08 / 17 / 2016

FEC Identification Number: C S2WI00219
Transaction ID : SB23.4991

Amount of Each Disbursement this Period: 5000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	22850.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GARY FORBY CAMPAIGN FUND

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Mailing Address PO BOX 966

City
BENTON

State
IL

Zip Code
62812

FEC Identification Number

C

Transaction ID : SB29.5003

Amount of Each Disbursement this Period

500.00

Memo Item

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION - IL

--

Candidate Name

FORBY, GARY, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Full Name (Last, First, Middle Initial)

B. KENNETH F. SHEETS FOR STATE REPRESENTATIVE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Mailing Address 6333 E. MOCKINGBIRD LANE
SUITE 147

City
DALLAS

State
TX

Zip Code
75214

FEC Identification Number

C

Transaction ID : SB29.5000

Amount of Each Disbursement this Period

500.00

Memo Item

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION - TX

--

Candidate Name

Sheets, Kenneth, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

Purpose of Disbursement

--

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

1000.00

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

1000.00
