

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 Year-End 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 (12S)
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 / / through / /

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 DWAYNE A. GANTZ

Signature of Treasurer DWAYNE A. GANTZ [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>	<input type="text" value="9233.27"/>	<input type="text" value="9233.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="33155.87"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="24580.98"/>	<input type="text" value="61604.96"/>
(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="57736.85"/>	<input type="text" value="70838.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13034.70"/>	<input type="text" value="26136.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="44702.15"/>	<input type="text" value="44702.15"/>
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 / 2015 To: 09 / 30 / 2015

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).....	21183.98	56376.46
(ii) Unitemized	897.00	2728.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22080.98	59104.96
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	24580.98	61604.96
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))..... ▶	24580.98	61604.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24580.98	61604.96

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) 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	2534.70	2636.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2534.70	2636.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	18500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	13034.70	26136.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13034.70	26136.08

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)	24580.98	61604.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24580.98	61604.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2534.70	2636.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2534.70	2636.08

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

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

FOR LINE NUMBER: PAGE 6 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. GRAHAM ATKINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 NORTHPOINT DRIVE
 City State Zip Code
 STEVENS POINT WI 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.4465
 Amount of Each Receipt this Period
 2000.00

B. BRETT BEVERSDORF
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 NORTH POINT DRIVE
 City State Zip Code
 STEVENS POINT WI 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE DIR-AVIATION & TRAVEL SERVICES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2015
Transaction ID : SA11AI.4288
 Amount of Each Receipt this Period
 30.00
 PAYROLL DEDUCT

C. BRETT BEVERSDORF
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 NORTH POINT DRIVE
 City State Zip Code
 STEVENS POINT WI 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE DIR-AVIATION & TRAVEL SERVICES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2015
Transaction ID : SA11AI.4314
 Amount of Each Receipt this Period
 30.00
 PAYROLL DEDUCT

SUBTOTAL of Receipts This Page (optional)..... ▶ 2060.00
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: PAGE 7 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. BRETT BEVERSDORF
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 NORTH POINT DRIVE
 City State Zip Code
 STEVENS POINT WI 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE DIR-AVIATION & TRAVEL SERVICES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2015
Transaction ID : SA11AI.4340
 Amount of Each Receipt this Period
 30.00
 PAYROLL DEDUCT

B. BRETT BEVERSDORF
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 NORTH POINT DRIVE
 City State Zip Code
 STEVENS POINT WI 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE DIR-AVIATION & TRAVEL SERVICES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : SA11AI.4368
 Amount of Each Receipt this Period
 30.00
 PAYROLL DEDUCT

C. BRETT BEVERSDORF
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 NORTH POINT DRIVE
 City State Zip Code
 STEVENS POINT WI 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE DIR-AVIATION & TRAVEL SERVICES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : SA11AI.4394
 Amount of Each Receipt this Period
 30.00
 PAYROLL DEDUCT

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 8 OF 19
	<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. BRETT BEVERSDORF
Full Name (Last, First, Middle Initial)

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 SENTRY INSURANCE Occupation DIR-AVIATION & TRAVEL SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **09 / 20 / 2015**

Transaction ID : SA11AI.4420

Amount of Each Receipt this Period **30.00**

PAYROLL DEDUCT

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

Mailing Address 1320 RIDGEWOOD DRIVE

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer BMO HARRIS BANK Occupation EVP & HEAD OF COMMERCIAL BANKING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **09 / 01 / 2015**

Transaction ID : SA11AI.4457

Amount of Each Receipt this Period **2500.00**

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

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 SENTRY INSURANCE Occupation AVP-PL PRODUCT & AGENCY SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.75**

Date of Receipt **07 / 12 / 2015**

Transaction ID : SA11AI.4291

Amount of Each Receipt this Period **19.25**

PAYROLL DEDUCT

SUBTOTAL of Receipts This Page (optional).....	2549.25
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 9 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MICHAEL DIETRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 NORTH POINT DRIVE
 City State Zip Code
 STEVENS POINT WI 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE AVP-PL PRODUCT & AGENCY SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 26 / 2015
Transaction ID : SA11AI.4317
 Amount of Each Receipt this Period
 19.25
 PAYROLL DEDUCT

B. MICHAEL DIETRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 NORTH POINT DRIVE
 City State Zip Code
 STEVENS POINT WI 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE AVP-PL PRODUCT & AGENCY SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 327.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2015
Transaction ID : SA11AI.4343
 Amount of Each Receipt this Period
 19.25
 PAYROLL DEDUCT

C. MICHAEL DIETRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 NORTH POINT DRIVE
 City State Zip Code
 STEVENS POINT WI 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE AVP-PL PRODUCT & AGENCY SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 346.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2015
Transaction ID : SA11AI.4371
 Amount of Each Receipt this Period
 19.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.75
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<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. MICHAEL DIETRY
Full Name (Last, First, Middle Initial)

Mailing Address 1800 NORTH POINT DRIVE

City State Zip Code
STEVENS POINT WI 54481

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

Name of Employer Occupation
SENTRY INSURANCE AVP-PL PRODUCT & AGENCY SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.75

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2015
Transaction ID : SA11AI.4397

Amount of Each Receipt this Period
19.25

PAYROLL DEDUCT

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

Mailing Address 1800 NORTH POINT DRIVE

City State Zip Code
STEVENS POINT WI 54481

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

Name of Employer Occupation
SENTRY INSURANCE AVP-PL PRODUCT & AGENCY SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2015
Transaction ID : SA11AI.4423

Amount of Each Receipt this Period
19.25

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

Mailing Address 5 SHADE TREE CT

City State Zip Code
MADISON WI 53717

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2015
Transaction ID : SA11AI.4453

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2038.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. LEO HENIKOFF
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2870
 City JACKSON State WY Zip Code 83001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RUSH MEDICAL CENTER Occupation PRESIDENT EMERITUS RUSH UNIVERSITY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.4455
 Amount of Each Receipt this Period
 2000.00

B. KIP KOBUSSEN
 Full Name (Last, First, Middle Initial)
 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 SENTRY INSURANCE Occupation AVP - GOVERNMENT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.4461
 Amount of Each Receipt this Period
 250.00

C. STEPHEN MARSDEN
 Full Name (Last, First, Middle Initial)
 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 SENTRY INSURANCE Occupation AVP-PL PRODUCTS & PRICING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2015
Transaction ID : SA11AI.4301
 Amount of Each Receipt this Period
 23.08
 PAYROLL DEDUCT

SUBTOTAL of Receipts This Page (optional)..... ▶ 2273.08
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 12 OF 19
(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)
SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. STEPHEN MARSDEN
Full Name (Last, First, Middle Initial)
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 SENTRY INSURANCE Occupation AVP-PL PRODUCTS & PRICING
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 338.64

Date of Receipt 07 / 26 / 2015
Transaction ID : SA11AI.4327
Amount of Each Receipt this Period 23.08
PAYROLL DEDUCT

B. STEPHEN MARSDEN
Full Name (Last, First, Middle Initial)
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 SENTRY INSURANCE Occupation AVP-PL PRODUCTS & PRICING
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 361.72

Date of Receipt 08 / 09 / 2015
Transaction ID : SA11AI.4353
Amount of Each Receipt this Period 23.08
PAYROLL DEDUCT

C. STEPHEN MARSDEN
Full Name (Last, First, Middle Initial)
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 SENTRY INSURANCE Occupation AVP-PL PRODUCTS & PRICING
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 384.80

Date of Receipt 08 / 23 / 2015
Transaction ID : SA11AI.4381
Amount of Each Receipt this Period 23.08
PAYROLL DEDUCT

SUBTOTAL of Receipts This Page (optional)..... ▶ 69.24
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 13 OF 19
	<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. STEPHEN MARSDEN
Full Name (Last, First, Middle Initial)

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 SENTRY INSURANCE Occupation AVP-PL PRODUCTS & PRICING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **407.88**

Date of Receipt **09 / 06 / 2015**

Transaction ID : SA11AI.4407

Amount of Each Receipt this Period **23.08**

PAYROLL DEDUCT

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

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 SENTRY INSURANCE Occupation AVP-PL PRODUCTS & PRICING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.96**

Date of Receipt **09 / 20 / 2015**

Transaction ID : SA11AI.4433

Amount of Each Receipt this Period **23.08**

PAYROLL DEDUCT

C. STEPHANIE PACE MARSHALL
Full Name (Last, First, Middle Initial)

Mailing Address 8031 SAVOY CLUB COURT

City BURR RIDGE State IL Zip Code 60527

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

Name of Employer ILLINOIS MATHEMATICS AND SCIEN Occupation PRESIDENT EMERITI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **09 / 01 / 2015**

Transaction ID : SA11AI.4460

Amount of Each Receipt this Period **2000.00**

SUBTOTAL of Receipts This Page (optional).....	2046.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. JAMES PEARSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1S773 NELSON LAKE RD
 City BATAVIA State IL Zip Code 60510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.4454
 Amount of Each Receipt this Period
 2000.00

B. PETER PESTILLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2833 CAPISTRANO WAY
 City NAPLES State FL Zip Code 34105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.4458
 Amount of Each Receipt this Period
 2000.00

C. JEAN REGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 S ELM STREET
 City HINSDALE State IL Zip Code 60521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRANZACT TECHNOLOGIES, INC. Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.4456
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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: PAGE 15 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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. EDMUND STEINIKE

Mailing Address 2616 LONG POINTE

City State Zip Code
 ROSWELL GA 30076

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

Name of Employer Occupation
 THE COCA-COLA COMPANY VICE PRESIDENT & CHIEF INFORMATION O

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.4459

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 1800 NORTHPOINT DRIVE

City State Zip Code
 STEVENS POINT WI 54481

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

Name of Employer Occupation
 WEIS ASSOCIATES LLC PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.4464

Amount of Each Receipt this Period
 2000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	21183.98

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

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

FOR LINE NUMBER: PAGE 16 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. DUFFY FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 538
 City WAUSAU State WI Zip Code 54402
 FEC ID number of contributing federal political committee. **C** C00464339
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11C.4474
 Amount of Each Receipt this Period
 2500.00
 IN-KIND CONTRIBUTION TO DUFFY FOR CONGRESS

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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 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)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SENTRYWORLD

Mailing Address 601 N MICHIGAN AVENUE

City State Zip Code
STEVENS POINT WI 54481

Purpose of Disbursement
EVENT RENTAL: SEE IN-KIND ON LINE 23

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

Transaction ID : SB21B.4476

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2500.00

2500.00

**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"/> 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)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DUFFY FOR CONGRESS

Mailing Address PO BOX 538

City WAUSAU State WI Zip Code 54402

Purpose of Disbursement
IN-KIND CONTRIBUTION: 9/10 SENTRYWORLD

Candidate Name
SEAN DUFFY

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WI District: 07

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : **SB23.4470**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE SOUTH

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement

Candidate Name
RONALD JAMES KIND

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WI District: 03

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : **SB23.4281**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. KIRK FOR SENATE

Mailing Address P.O. BOX 8

City WINNETKA State IL Zip Code 60093

Purpose of Disbursement

Candidate Name
MARK STEVEN KIRK

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IL District: 00

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : **SB23.4279**

Amount of Each Disbursement this Period

500.00

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

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

8000.00

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"/> 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)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARK POCAN FOR CONGRESS

Mailing Address PO BOX 327

City MADISON State WI Zip Code 53701

Purpose of Disbursement

Candidate Name

MARK POCAN

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2015

Transaction ID : SB23.4280

Amount of Each Disbursement this Period

2500.00

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

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

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

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

Amount of Each Disbursement this Period

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

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

2500.00

10500.00
