

**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="2014"/>	<input type="text" value="7198.77"/>	<input type="text" value="7198.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4654.95"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="52875.50"/>	<input type="text" value="52875.50"/>
(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="57530.45"/>	<input type="text" value="60074.27"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17044.74"/>	<input type="text" value="19588.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="40485.71"/>	<input type="text" value="40485.71"/>
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: / / To: / /

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).....	52500.00	52500.00
(ii) Unitemized	375.50	375.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	52875.50	52875.50
(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)	52875.50	52875.50
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))..... ▶	52875.50	52875.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	52875.50	52875.50

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	44.74	88.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	44.74	88.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	14500.00
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	5000.00	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)) ..	17044.74	19588.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17044.74	19588.56

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)	52875.50	52875.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52875.50	52875.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	44.74	88.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	44.74	88.56

**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 23
(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. VINCENT AMOROSO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4689 PINE CARRIER DRIVE
 City SARASOTA State FL Zip Code 34241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation BOARD DIRECTOR
 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
 06 / 05 / 2014
Transaction ID : SA11AI.4222
 Amount of Each Receipt this Period
 2000.00

B. PETER G ANHALT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1710 BELLEWOOD DRIVE
 City WAUNAKEE State WI Zip Code 53597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation SVP GROUP EXEC P/L
 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
 05 / 08 / 2014
Transaction ID : SA11AI.4207
 Amount of Each Receipt this Period
 2000.00

C. GREGORY N ARMSTRONG
 Full Name (Last, First, Middle Initial)
 Mailing Address 524 INDIANA AVENUE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation AVP P/L CLAIMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : SA11AI.4213
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00
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 23
(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. MICHELE M DUFRESNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5509 ELMWOOD AVENUE
 City State Zip Code
 STEVENS POINT WI 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE A MUTUAL CO AVP CLAIMS SERVICES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.4187
 Amount of Each Receipt this Period
 500.00

B. KENNETH J ERLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2640 RUSSET DRIVE
 City State Zip Code
 PLOVER WI 54467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE A MUTUAL CO SVP CHIEF ADMIN OFFICER/GENERAL COL
 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
 04 / 21 / 2014
Transaction ID : SA11AI.4202
 Amount of Each Receipt this Period
 2000.00

C. JAMES FRANK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 NOTTINGHAM DRIVE
 City State Zip Code
 PLOVER WI 54467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE A MUTUAL CO VP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : SA11AI.4212
 Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00
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 8 OF 23
(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. JOSEPH FRITZSCHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1842 FLOWING BROOK COURT
 City Plover State WI Zip Code 54467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation VP CHIEF HR OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.4188
 Amount of Each Receipt this Period
 1500.00

B. DWAYNE A GANTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 5191 JASON DRIVE
 City Erie State PA Zip Code 16506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation AVP CHIEF ACCOUNTING EXEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : SA11AI.4218
 Amount of Each Receipt this Period
 500.00

C. JOSEPH GOLDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 4416 HEFFRON STREET
 City Stevens Point State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation AVP ASSISTANT GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.4189
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
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 9 OF 23
	<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. MARK R HACKL
Full Name (Last, First, Middle Initial)

Mailing Address 4440 RIVER DRIVE

City PLOVER State WI Zip Code 54467

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

Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation SVP GROUP EXEC C/L & L&H

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
05 / 08 / 2014
Transaction ID : SA11AI.4216

Amount of Each Receipt this Period
2000.00

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

Mailing Address 1051 VICTORIAN LANE

City PLOVER State WI Zip Code 54467

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

Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation VP SEGMENT EXEC DO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
05 / 08 / 2014
Transaction ID : SA11AI.4209

Amount of Each Receipt this Period
1500.00

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

Mailing Address 5 SHADE TREE COURT

City MADISON State WI Zip Code 53717

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

Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation BOARD DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
06 / 05 / 2014
Transaction ID : SA11AI.4220

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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 10 OF 23
(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. WEI HUANG
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 W ZINGA DRIVE
 City State Zip Code
 STEVENS POINT WI 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE A MUTUAL CO VP EQUITY INVESTMENTS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : SA11AI.4211
 Amount of Each Receipt this Period
 1500.00

B. JOHN J HYLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 2016 BIRCHWOOD AVENUE
 City State Zip Code
 STEVENS POINT WI 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE A MUTUAL CO VP SEGMENT EXEC SBP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : SA11AI.4217
 Amount of Each Receipt this Period
 1500.00

C. TIMOTHY P KELLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1840 NORWAY PINE DRIVE
 City State Zip Code
 PLOVER WI 54467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE A MUTUAL CO AVP C/L CLAIMS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.4206
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00
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 11 OF 23
	<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. KIP J 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 A MUTUAL CO Occupation AVP GOVERNMENT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : SA11AI.4215
 Amount of Each Receipt this Period
 500.00

B. STEPHANIE A 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 SENTRY INSURANCE A MUTUAL CO Occupation BOARD DIRECTOR
 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
 06 / 05 / 2014
Transaction ID : SA11AI.4221
 Amount of Each Receipt this Period
 2000.00

C. JAMES E MCDONALD
 Full Name (Last, First, Middle Initial)
 Mailing Address 152 MAPLE BLUFF ROAD
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation VP FIXED INCOME
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.4192
 Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00
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 23
	<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. PETER G MCPARTLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 3753 OAK MORaine COURT
 City State Zip Code
 STEVENS POINT WI 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE A MUTUAL CO CHAIRMAN, PRESIDENT & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.4199
 Amount of Each Receipt this Period
 3000.00

B. CHRISTOPHER C MEADOWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2117 MAIN STREET
 City State Zip Code
 STEVENS POINT WI 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE A MUTUAL CO AVP EQUITY INVESTMENTS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.4194
 Amount of Each Receipt this Period
 500.00

C. SCOTT A MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1590 RAPID RIVER RUN
 City State Zip Code
 PLOVER WI 54467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE A MUTUAL CO VP SEGMENT EXEC NA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.4201
 Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
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 23
	<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

Full Name (Last, First, Middle Initial) A. SEAN R NIMM		Date of Receipt
Mailing Address 3225 OLYMPIA AVENUE		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
STEVENS POINT	WI	54481
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4200
Name of Employer	Occupation	Amount of Each Receipt this Period
SENTRY INSURANCE A MUTUAL CO	AVP TRANS PRODUCTS & PRICING	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. EDWARD F PECK		Date of Receipt
Mailing Address 215 MAPLE BLUFF ROAD		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
STEVENS POINT	WI	54482
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4210
Name of Employer	Occupation	Amount of Each Receipt this Period
SENTRY INSURANCE A MUTUAL CO	AVP NA PRODUCT & PRICING	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PETER PESTILLO		Date of Receipt
Mailing Address 5218 PRAIRIE CREEK CT		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
BAY CITY	MI	48706
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4224
Name of Employer	Occupation	Amount of Each Receipt this Period
SENTRY INSURANCE A MUTUAL CO	BOARD DIRECTOR	<input type="text" value="2000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 14 OF 23
(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. JAYNE K PETRUSKA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4295 STERLING DRIVE
 City PLOVER State WI Zip Code 54467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation AVP HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 21 / 2014
Transaction ID : SA11AI.4198
 Amount of Each Receipt this Period 500.00

B. MICHAEL 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 SENTRY INSURANCE A MUTUAL CO Occupation BOARD DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 19 / 2014
Transaction ID : SA11AI.4223
 Amount of Each Receipt this Period 2000.00

C. ELISHA E ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1636 WHISPERING OAKS TRAIL
 City MOSINEE State WI Zip Code 54455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation AVP FINANCIAL PLANNING & ANALYSIS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 21 / 2014
Transaction ID : SA11AI.4195
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
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 23
	<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. CAROL P SANDERS
Full Name (Last, First, Middle Initial)

Mailing Address E7471 RED OAK DRIVE

City State Zip Code
FREMONT WI 54940

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

Name of Employer Occupation
SENTRY INSURANCE A MUTUAL CO EVP CHIEF FINANCIAL OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2014

Transaction ID : SA11AI.4203

Amount of Each Receipt this Period
2500.00

B. TODD M SCHROEDER
Full Name (Last, First, Middle Initial)

Mailing Address 4801 PARTRIDGE WAY

City State Zip Code
STEVENS POINT WI 54481

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

Name of Employer Occupation
SENTRY INSURANCE A MUTUAL CO AVP PRODUCTS & PRICING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2014

Transaction ID : SA11AI.4205

Amount of Each Receipt this Period
500.00

C. MARY E SENEFELD
Full Name (Last, First, Middle Initial)

Mailing Address 1855 FLOWING BROOK COURT

City State Zip Code
PLOVER WI 54467

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

Name of Employer Occupation
SENTRY INSURANCE A MUTUAL CO AVP WORKERS COMPENSATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2014

Transaction ID : SA11AI.4193

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
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 16 OF 23
(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. STEPHANIE A SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 FULTON STREET
 City WAUSAU State WI Zip Code 54403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation AVP BRAND MANAGEMENT & MARKETING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 21 / 2014**
Transaction ID : SA11AI.4186
 Amount of Each Receipt this Period **500.00**

B. ED STEINIKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 LARCH LANE
 City GAINESVILLE State GA Zip Code 30506-6282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation BOARD DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **06 / 25 / 2014**
Transaction ID : SA11AI.4225
 Amount of Each Receipt this Period **2000.00**

C. JAMES D STITZLEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2315 LOCUST STREET
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation SVP CHIEF INFORMATION OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **05 / 08 / 2014**
Transaction ID : SA11AI.4208
 Amount of Each Receipt this Period **2000.00**

SUBTOTAL of Receipts This Page (optional)..... **4500.00**
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 17 OF 23
(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. MARK R TRAUTSCHOLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4272 WINDSONG PLACE
 City PLOVER State WI Zip Code 54467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation SVP CHIEF CLAIMS OFFICER
 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
 04 / 21 / 2014
Transaction ID : SA11AI.4190
 Amount of Each Receipt this Period
 2000.00

B. JAMES J WEISHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1349 WESTMORE COURT
 City STEVENS POINT State WY Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation EVP CHIEF INVESTMENT OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.4197
 Amount of Each Receipt this Period
 2500.00

C. MICHAEL J WILLIAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 604 N MAPLE BLUFF COURT
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation VP CHIEF ACTUARY/RISK OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.4196
 Amount of Each Receipt this Period
 1500.00

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 18 OF 23
(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. RICHARD G WITTMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 966 NEW HAVEN CIRCLE
 City State Zip Code
 SUN PRAIRIE WI 53590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE A MUTUAL CO VP SEGMENT EXEC TR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : SA11AI.4214
 Amount of Each Receipt this Period
 1500.00

B. DANIEL R WUEST
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 PINE BLUFF ROAD
 City State Zip Code
 STEVENS POINT WI 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE A MUTUAL CO VP IT C/L
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : SA11AI.4219
 Amount of Each Receipt this Period
 1500.00

C. ROBERT J YEISER
 Full Name (Last, First, Middle Initial)
 Mailing Address W5261 WINDMILL RIDGE ROAD
 City State Zip Code
 NEW GLARUS WI 53574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SENTRY INSURANCE A MUTUAL CO AVP P/L CUSTOMER & BRAND DEVEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.4191
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	52500.00

**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. SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Date of Disbursement

Mailing Address 10 EAST DOTY STREET
SUITE 701

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

City MADISON State WI Zip Code 53703

Transaction ID : SB21B.4264

Purpose of Disbursement
OPERATING COSTS (APRIL - JUNE 2014)

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

44.74

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

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

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

44.74

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

44.74

**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. SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

Mailing Address 10 EAST DOTY STREET
SUITE 701

City MADISON State WI Zip Code 53703

Transaction ID : SB23.4241

Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

1000.00

Candidate Name

RIBBLE FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 08

Full Name (Last, First, Middle Initial)

B. SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Mailing Address 10 EAST DOTY STREET
SUITE 701

City MADISON State WI Zip Code 53703

Transaction ID : SB23.4243

Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

5000.00

Candidate Name

BOEHNER FOR SPEAKER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 08

Full Name (Last, First, Middle Initial)

C. SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Mailing Address 10 EAST DOTY STREET
SUITE 701

City MADISON State WI Zip Code 53703

Transaction ID : SB23.4246

Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

500.00

Candidate Name

WORKMAN FOR TEXAS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 47

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

6500.00

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

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**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. SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Mailing Address 10 EAST DOTY STREET
SUITE 701

City MADISON State WI Zip Code 53703

Transaction ID : SB23.4247

Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

500.00

Candidate Name

GLENN GROTHMAN FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 06

Full Name (Last, First, Middle Initial)

B. SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Mailing Address 10 EAST DOTY STREET
SUITE 701

City MADISON State WI Zip Code 53703

Transaction ID : SB23.4248

Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

500.00

Candidate Name

LEIBHAM FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 06

Full Name (Last, First, Middle Initial)

C. SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Mailing Address 10 EAST DOTY STREET
SUITE 701

City MADISON State WI Zip Code 53703

Transaction ID : SB23.4249

Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

1000.00

Candidate Name

KIND FOR CONGRESS COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

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

2000.00

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

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**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. SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2014

Mailing Address 10 EAST DOTY STREET
SUITE 701

City MADISON State WI Zip Code 53703

Transaction ID : SB23.4252

Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

2500.00

Candidate Name

MARK POCAN FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 02

Full Name (Last, First, Middle Initial)

B. SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2014

Mailing Address 10 EAST DOTY STREET
SUITE 701

City MADISON State WI Zip Code 53703

Transaction ID : SB23.4250

Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

1000.00

Candidate Name

ROSKAM FOR CONGRESS COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 06

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

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

3500.00

12000.00

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

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Date of Disbursement

Mailing Address 10 EAST DOTY STREET
SUITE 701

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2014

City MADISON State WI Zip Code 53703

Transaction ID : SB29.4260

Purpose of Disbursement
501C4 COALITION FUND - FAIR RATES IN NC

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

5000.00

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

5000.00
