

**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: (check only one)	PAGE 7 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. MICHELE M DUFRESNE
Full Name (Last, First, Middle Initial)

Mailing Address 5509 ELMWOOD AVENUE

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 AVP CLAIMS SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 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 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 ADMIN OFFICER/GENERAL COL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 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 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 IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 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: (check only one)	PAGE 8 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. JOSEPH FRITZSCHE
Full Name (Last, First, Middle Initial)

Mailing Address 1842 FLOWING BROOK COURT

City PLOVER	State WI	Zip Code 54467
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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
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
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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
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
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: (check only one)	PAGE 10 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. 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
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
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
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"/> 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

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

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

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

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 14 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. 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
 M M M / D D D / Y Y Y Y Y Y
 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
 M M M / D D D / Y Y Y Y Y Y
 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
 M M M / D D D / Y Y Y Y Y Y
 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
 M M M / D D D / Y Y Y Y Y Y
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
 M M M / D D D / Y Y Y Y Y Y
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
 M M M / D D D / Y Y Y Y Y Y
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: (check only one)	PAGE 17 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 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 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 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 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: (check only one)	PAGE 18 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. RICHARD G WITTMANN
Full Name (Last, First, Middle Initial)

Mailing Address 966 NEW HAVEN CIRCLE

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 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 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 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 NEW GLARUS State WI Zip Code 53574

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

Name of Employer SENTRY INSURANCE A MUTUAL CO Occupation 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	/	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	/	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	/	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. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CONTRIBUTION

Candidate Name

BOEHNER FOR SPEAKER

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2014

Transaction ID : SB23.4243

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. GLENN GROTHMAN FOR CONGRESS

Mailing Address PO BOX 1215

City FOND DU LAC State WI Zip Code 54963

Purpose of Disbursement
CONTRIBUTION

Candidate Name

GLENN GROTHMAN FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 06

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : SB23.4247

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE SOUTH

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement
CONTRIBUTION

Candidate Name

KIND FOR CONGRESS COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : SB23.4249

Amount of Each Disbursement this Period

1000.00

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

6500.00

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

**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. LEIBHAM FOR CONGRESS

Mailing Address PO BOX 941

City State Zip Code
SHEBOYGAN WI 53082

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LEIBHAM FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	4

Transaction ID : SB23.4248

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MARK POCAN FOR CONGRESS

Mailing Address PO BOX 327

City State Zip Code
MADISON WI 53701

Purpose of Disbursement
CONTRIBUTION

Candidate Name

MARK POCAN FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	4

Transaction ID : SB23.4252

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. RIBBLE FOR CONGRESS

Mailing Address PO BOX 7200

City State Zip Code
APPLETON WI 54912

Purpose of Disbursement
CONTRIBUTION

Candidate Name

RIBBLE FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	4

Transaction ID : SB23.4241

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement CONTRIBUTION

Candidate Name ROSKAM FOR CONGRESS COMMITTEE

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼

State: IL District: 06

Date of Disbursement: 06 / 23 / 2014

Transaction ID : SB23.4250

Amount of Each Disbursement this Period: 1000.00

Full Name (Last, First, Middle Initial)
B. WORKMAN FOR TEXAS

Mailing Address PO BOX 90671

City AUSTIN State TX Zip Code 78709

Purpose of Disbursement CONTRIBUTION

Candidate Name WORKMAN FOR TEXAS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 21 / 2014

Transaction ID : SB23.4246

Amount of Each Disbursement this Period: 500.00

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

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

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1500.00

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