

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. 12FE4M5 SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 10 East Doty Street Suite 701 MADISON WI 53703 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00545194 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] 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) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of WI

5. Covering Period MM/DD/YYYY 10/20/2016 through MM/DD/YYYY 11/28/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. GANTZ, DWAYNE, A., Type or Print Name of Treasurer

Signature of Treasurer GANTZ, DWAYNE, A., [Electronically Filed] Date MM/DD/YYYY 12/07/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		24493.80
(b) Cash on Hand at Beginning of Reporting Period.....	28240.04	
(c) Total Receipts (from Line 19)	1953.71	71842.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	30193.75	96336.13
7. Total Disbursements (from Line 31).....	1507.09	67649.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	28686.66	28686.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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).....	1563.09	66096.52
(ii) Unitemized	390.62	5745.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1953.71	71842.33
(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)	1953.71	71842.33
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)).....▶	1953.71	71842.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1953.71	71842.33

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	7.09	149.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7.09	149.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	64400.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	3100.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1507.09	67649.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1507.09	67649.47

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1953.71	71842.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1953.71	71842.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7.09	149.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7.09	149.47

**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 24
(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. ANDERSON, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-CORP DEV PRODUCTS & U/W
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 30 / 2016
Transaction ID : SA11AI.5107
 Amount of Each Receipt this Period 10.00
 Memo Item
PAYROLL DEDUCTION

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

Date of Receipt 11 / 13 / 2016
Transaction ID : SA11AI.5108
 Amount of Each Receipt this Period 10.00
 Memo Item
PAYROLL DEDUCTION

C. ANDERSON, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-CORP DEV PRODUCTS & U/W
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 27 / 2016
Transaction ID : SA11AI.5109
 Amount of Each Receipt this Period 10.00
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
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 24
(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. BEVERSDORF, BRETT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTH POINT DRIVE

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-AVIATION & TRAVEL SERVICES
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1348.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2016

Transaction ID : SA11AI.5116

Amount of Each Receipt this Period
77.00

Memo Item
PAYROLL DEDUCTION

B. BEVERSDORF, BRETT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTH POINT DRIVE

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-AVIATION & TRAVEL SERVICES
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2016

Transaction ID : SA11AI.5117

Amount of Each Receipt this Period
77.00

Memo Item
PAYROLL DEDUCTION

C. BEVERSDORF, BRETT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTH POINT DRIVE

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-AVIATION & TRAVEL SERVICES
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1502.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		27		2016

Transaction ID : SA11AI.5118

Amount of Each Receipt this Period
77.00

Memo Item
PAYROLL DEDUCTION

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

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

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

FOR LINE NUMBER: PAGE 8 OF 24
(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. BRANDL, BILL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTHPOINT DRIVE

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2016

Transaction ID : SA11AI.5119

Amount of Each Receipt this Period
25.00

Memo Item
PAYROLL DEDUCTION

B. BRANDL, BILL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTHPOINT DRIVE

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2016

Transaction ID : SA11AI.5120

Amount of Each Receipt this Period
25.00

Memo Item
PAYROLL DEDUCTION

C. BRANDL, BILL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTHPOINT DRIVE

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2016

Transaction ID : SA11AI.5121

Amount of Each Receipt this Period
25.00

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 24
	<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"/>	<input type="checkbox"/> 17

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

A. DIETRY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL PRODUCT & AGENCY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 569.47

Date of Receipt 10 / 30 / 2016
Transaction ID : SA11AI.5134
 Amount of Each Receipt this Period 30.77
 Memo Item
 PAYROLL DEDUCTION

B. DIETRY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL PRODUCT & AGENCY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.24

Date of Receipt 11 / 13 / 2016
Transaction ID : SA11AI.5135
 Amount of Each Receipt this Period 30.77
 Memo Item
 PAYROLL DEDUCTION

C. DIETRY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTH POINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL PRODUCT & AGENCY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 631.01

Date of Receipt 11 / 27 / 2016
Transaction ID : SA11AI.5136
 Amount of Each Receipt this Period 30.77
 Memo Item
 PAYROLL DEDUCTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. FELDMAN, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-MANAGED CARE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 341.88

Date of Receipt 10 / 30 / 2016
Transaction ID : SA11AI.5140
 Amount of Each Receipt this Period 24.42
 Memo Item
PAYROLL DEDUCTION

B. FELDMAN, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-MANAGED CARE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.30

Date of Receipt 11 / 13 / 2016
Transaction ID : SA11AI.5141
 Amount of Each Receipt this Period 24.42
 Memo Item
PAYROLL DEDUCTION

C. FELDMAN, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-MANAGED CARE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.72

Date of Receipt 11 / 27 / 2016
Transaction ID : SA11AI.5142
 Amount of Each Receipt this Period 24.42
 Memo Item
PAYROLL DEDUCTION

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

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

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

FOR LINE NUMBER: PAGE 11 OF 24
(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. FIRMINHAC, KRISTINE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTHPOINT DRIVE

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-RESERVING-P&C
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2016

Transaction ID : SA11AI.5143

Amount of Each Receipt this Period
15.00

Memo Item
PAYROLL DEDUCTION

B. FIRMINHAC, KRISTINE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTHPOINT DRIVE

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-RESERVING-P&C
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2016

Transaction ID : SA11AI.5144

Amount of Each Receipt this Period
15.00

Memo Item
PAYROLL DEDUCTION

C. FIRMINHAC, KRISTINE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTHPOINT DRIVE

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-RESERVING-P&C
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		27		2016

Transaction ID : SA11AI.5145

Amount of Each Receipt this Period
15.00

Memo Item
PAYROLL DEDUCTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. GWIDT, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-FIN REPORTING & ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 398.44

Date of Receipt 10 / 30 / 2016
Transaction ID : SA11AI.5152
 Amount of Each Receipt this Period 28.46
 Memo Item
 PAYROLL DEDUCTION

B. GWIDT, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-FIN REPORTING & ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 426.90

Date of Receipt 11 / 13 / 2016
Transaction ID : SA11AI.5153
 Amount of Each Receipt this Period 28.46
 Memo Item
 PAYROLL DEDUCTION

C. GWIDT, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-FIN REPORTING & ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.36

Date of Receipt 11 / 27 / 2016
Transaction ID : SA11AI.5154
 Amount of Each Receipt this Period 28.46
 Memo Item
 PAYROLL DEDUCTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24
	<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	<input type="checkbox"/> 17

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

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

A. JENSEMA, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-PRODUCT MANAGEMENT-NSA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **10 / 30 / 2016**
Transaction ID : SA11AI.5161
 Amount of Each Receipt this Period 10.00
 Memo Item
PAYROLL DEDUCTION

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

Date of Receipt **11 / 13 / 2016**
Transaction ID : SA11AI.5162
 Amount of Each Receipt this Period 10.00
 Memo Item
PAYROLL DEDUCTION

C. JENSEMA, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-PRODUCT MANAGEMENT-NSA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 27 / 2016**
Transaction ID : SA11AI.5163
 Amount of Each Receipt this Period 10.00
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	30.00
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 14 OF 24
(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. KELLY, TIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTHPOINT DRIVE

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

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-CL CLAIMS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
369.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2016

Transaction ID : SA11AI.5167

Amount of Each Receipt this Period
30.77

Memo Item
PAYROLL DEDUCTION

B. KELLY, TIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTHPOINT DRIVE

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

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-CL CLAIMS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2016

Transaction ID : SA11AI.5168

Amount of Each Receipt this Period
30.77

Memo Item
PAYROLL DEDUCTION

C. KELLY, TIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTHPOINT DRIVE

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

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-CL CLAIMS
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
430.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2016

Transaction ID : SA11AI.5169

Amount of Each Receipt this Period
30.77

Memo Item
PAYROLL DEDUCTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. KNEZ, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) SR DIR-IND LIFE & ANNUITIES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 466.06

Date of Receipt 10 / 30 / 2016
Transaction ID : SA11AI.5170
 Amount of Each Receipt this Period 33.29
 Memo Item
PAYROLL DEDUCTION

B. KNEZ, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) SR DIR-IND LIFE & ANNUITIES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.35

Date of Receipt 11 / 13 / 2016
Transaction ID : SA11AI.5171
 Amount of Each Receipt this Period 33.29
 Memo Item
PAYROLL DEDUCTION

C. KNEZ, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) SR DIR-IND LIFE & ANNUITIES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 532.64

Date of Receipt 11 / 27 / 2016
Transaction ID : SA11AI.5172
 Amount of Each Receipt this Period 33.29
 Memo Item
PAYROLL DEDUCTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. LEMEROND, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) PROGRAM MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 30 / 2016
Transaction ID : SA11AI.5179
 Amount of Each Receipt this Period 10.00
 Memo Item
PAYROLL DEDUCTION

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

Date of Receipt 11 / 13 / 2016
Transaction ID : SA11AI.5180
 Amount of Each Receipt this Period 10.00
 Memo Item
PAYROLL DEDUCTION

C. LEMEROND, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) PROGRAM MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 27 / 2016
Transaction ID : SA11AI.5181
 Amount of Each Receipt this Period 10.00
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	30.00
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 24
(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. MARSDEN, STEPHEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTH POINT DRIVE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
607.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2016

Transaction ID : SA11AI.5182

Amount of Each Receipt this Period
30.77

Memo Item
PAYROLL DEDUCTION

B. MARSDEN, STEPHEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTH POINT DRIVE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
638.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2016

Transaction ID : SA11AI.5183

Amount of Each Receipt this Period
30.77

Memo Item
PAYROLL DEDUCTION

C. MARSDEN, STEPHEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTH POINT DRIVE

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
669.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		27		2016

Transaction ID : SA11AI.5184

Amount of Each Receipt this Period
30.77

Memo Item
PAYROLL DEDUCTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 24
	<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. MARTIN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) TERRITORY MANAGER-BP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **10 / 30 / 2016**
Transaction ID : SA11AI.5185
 Amount of Each Receipt this Period 10.00
 Memo Item
PAYROLL DEDUCTION

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

Date of Receipt **11 / 13 / 2016**
Transaction ID : SA11AI.5186
 Amount of Each Receipt this Period 10.00
 Memo Item
PAYROLL DEDUCTION

C. MARTIN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) TERRITORY MANAGER-BP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 27 / 2016**
Transaction ID : SA11AI.5187
 Amount of Each Receipt this Period 10.00
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	30.00
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 19 OF 24
(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. POTTER, JIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTHPOINT DRIVE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
781.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2016

Transaction ID : SA11AI.5194

Amount of Each Receipt this Period
55.85

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 1800 NORTHPOINT DRIVE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
837.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2016

Transaction ID : SA11AI.5195

Amount of Each Receipt this Period
55.85

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 1800 NORTHPOINT DRIVE

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
893.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2016

Transaction ID : SA11AI.5196

Amount of Each Receipt this Period
55.85

Memo Item
PAYROLL DEDUCTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ROBINSON, ELISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-FINANCIAL PLANNING & ANALY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 10 / 30 / 2016
Transaction ID : SA11AI.5200
 Amount of Each Receipt this Period 35.00
 Memo Item
 PAYROLL DEDUCTION

B. ROBINSON, ELISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-FINANCIAL PLANNING & ANALY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 13 / 2016
Transaction ID : SA11AI.5201
 Amount of Each Receipt this Period 35.00
 Memo Item
 PAYROLL DEDUCTION

C. ROBINSON, ELISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-FINANCIAL PLANNING & ANALY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 11 / 27 / 2016
Transaction ID : SA11AI.5202
 Amount of Each Receipt this Period 35.00
 Memo Item
 PAYROLL DEDUCTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. SAEGER, NICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-TRANS PRODUCTS & PRICING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 511.56

Date of Receipt 10 / 30 / 2016
Transaction ID : SA11AI.5203
 Amount of Each Receipt this Period 36.54
 Memo Item
 PAYROLL DEDUCTION

B. SAEGER, NICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-TRANS PRODUCTS & PRICING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 548.10

Date of Receipt 11 / 13 / 2016
Transaction ID : SA11AI.5204
 Amount of Each Receipt this Period 36.54
 Memo Item
 PAYROLL DEDUCTION

C. SAEGER, NICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-TRANS PRODUCTS & PRICING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 584.64

Date of Receipt 11 / 27 / 2016
Transaction ID : SA11AI.5205
 Amount of Each Receipt this Period 36.54
 Memo Item
 PAYROLL DEDUCTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 24
	<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. STRUBLE, SHAD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTH POINT DRIVE

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

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-IT INFRASTRUCTURE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2016

Transaction ID : SA11AI.5212

Amount of Each Receipt this Period
10.00

Memo Item
PAYROLL DEDUCTION

B. STRUBLE, SHAD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTH POINT DRIVE

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

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-IT INFRASTRUCTURE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2016

Transaction ID : SA11AI.5213

Amount of Each Receipt this Period
10.00

Memo Item
PAYROLL DEDUCTION

C. STRUBLE, SHAD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 NORTH POINT DRIVE

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

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-IT INFRASTRUCTURE
---	--

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
11	/	27	/	2016

Transaction ID : SA11AI.5214

Amount of Each Receipt this Period
10.00

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. YEISER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL CUSTOMER & BRAND DEVEI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 529.76

Date of Receipt 10 / 30 / 2016
Transaction ID : SA11AI.5224
 Amount of Each Receipt this Period 48.16
 Memo Item
 PAYROLL DEDUCTION

B. YEISER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL CUSTOMER & BRAND DEVEI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.92

Date of Receipt 11 / 13 / 2016
Transaction ID : SA11AI.5225
 Amount of Each Receipt this Period 48.16
 Memo Item
 PAYROLL DEDUCTION

C. YEISER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NORTHPOINT DRIVE
 City STEVENS POINT State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL CUSTOMER & BRAND DEVEL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 626.08

Date of Receipt 11 / 27 / 2016
Transaction ID : SA11AI.5226
 Amount of Each Receipt this Period 48.16
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	144.48
TOTAL This Period (last page this line number only).....	1563.09

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City
COLLINSVILLE

State
IL

Zip Code
62234

Purpose of Disbursement
CONTRIBUTION

Candidate Name

SHIMKUS, JOHN M, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	7		2	0	1	6		

FEC Identification Number

C H2IL20042

Transaction ID : SB23.5106

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B.

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	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Memo Item

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

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

FEC Identification Number

C

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Memo Item

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

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

1	5	0	0	.	0	0
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1	5	0	0	.	0	0
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