

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Sentry Insurance 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="2024"/>		<input type="text" value="191726.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="189863.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="46936.29"/>	<input type="text" value="83534.22"/>
(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="236799.63"/>	<input type="text" value="275260.73"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23570.17"/>	<input type="text" value="62031.27"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="213229.46"/>	<input type="text" value="213229.46"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Sentry Insurance Company Federal Political Action Committee

Report Covering the Period: From: 05 / 01 / 2024 To: 05 / 31 / 2024

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).....	40332.39	57968.99
(ii) Unitemized	2972.38	21427.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	43304.77	79396.21
(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)	43304.77	79396.21
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.....	3500.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	131.52	638.01
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)).....▶	46936.29	83534.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	46936.29	83534.22

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	70.17	231.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	70.17	231.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	27000.00
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).....	6500.00	34800.00
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)) ..	23570.17	62031.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23570.17	62031.27

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)	43304.77	79396.21
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43304.77	79396.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	70.17	231.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	70.17	231.27

**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 39
(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 Company Federal Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Anhalt, Peter, , ,

Mailing Address 1800 Deming Way
 Suite 400

City Middleton State WI Zip Code 53562-3513

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

Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) President Personal Lines

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603572P

Amount of Each Receipt this Period 384.60

Memo Item

Payroll Deduction: ()

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Ash, Jim, , ,

Mailing Address 4400 E 53rd St

City Davenport State IA Zip Code 52807-3041

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

Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) Associate Dir-Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 214.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603605P

Amount of Each Receipt this Period 46.00

Memo Item

Payroll Deduction: ()

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Atkinson, Graham, , ,

Mailing Address 1800 North Point Drive

City Stevens Point State WI Zip Code 54481-1253

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

Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Board

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 29 / 2024
Transaction ID : 2603732

Amount of Each Receipt this Period 5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5430.60
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 39
	<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 Company Federal Political Action Committee

A. Barthel, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) President - SCU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603673P
 Amount of Each Receipt this Period 110.00
 Memo Item
 Payroll Deduction: ()

B. Bertagnoli, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) Actuary-P&C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603595P
 Amount of Each Receipt this Period 44.00
 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 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-AVIATION & TRAVEL SERVICES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 980.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603503P
 Amount of Each Receipt this Period 196.00
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 39
	<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 Company Federal Political Action Committee

A. Borgen, Jon, , ,
 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 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-CORP U/W & PRODUCTS
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 19 / 2024**
Transaction ID : 2603636P
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction: ()

B. Boyer, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Account Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 31 / 2024**
Transaction ID : 2604434P
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: ()

C. Calnan, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-Alternative Investments
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 19 / 2024**
Transaction ID : 2603655P
 Amount of Each Receipt this Period 384.60
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....	544.60
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 39
<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 Company Federal Political Action Committee

A. Casper, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Board
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2024
Transaction ID : 2603733
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. Christophel, Denise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) Dir-Advanced Analytics
 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
 05 / 19 / 2024
Transaction ID : 2603612P
 Amount of Each Receipt this Period
 50.00
 Memo Item
 Payroll Deduction: ()

C. Cloud, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Sr. Dir - Comp & Benefits
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 628.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2024
Transaction ID : 2603525P
 Amount of Each Receipt this Period
 132.00
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....	5182.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 10 OF 39
(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 Company Federal Political Action Committee

A. Cole, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-Natl Accounts Prods & Pricing
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 19 / 2024**
Transaction ID : 2603653P
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: ()

B. Cronin, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 W Main St Ste 500
 City Madison State WI Zip Code 53703-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) State Government Affairs Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt **05 / 19 / 2024**
Transaction ID : 2603682P
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: ()

C. Deming, Jefferson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2602 W 24th Ave Unit 12
 City Denver State CO Zip Code 80211-4833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Government Affairs Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 331.70

Date of Receipt **05 / 19 / 2024**
Transaction ID : 2603676P
 Amount of Each Receipt this Period 66.34
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....	236.34
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 39
	<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 Company Federal Political Action Committee

A. Dietry, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Deming Way
 Ste 400
 City Middleton State WI Zip Code 53562-3513
 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 ▼ 307.70

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603582P
 Amount of Each Receipt this Period 61.54
 Memo Item
 Payroll Deduction: ()

B. Dooley, Traci, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 428
 City Edwardsville State IL Zip Code 62025-0428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) National Sales Director-Hortica
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.20

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603638P
 Amount of Each Receipt this Period 67.04
 Memo Item
 Payroll Deduction: ()

C. Duellman, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Dir-Financial Analysis&Control
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 214.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603517P
 Amount of Each Receipt this Period 46.00
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....▶	174.58
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 39
	<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 Company Federal Political Action Committee

A. Esqueda, Curt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) U/W Manager-CL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2024
Transaction ID : 2603489P
 Amount of Each Receipt this Period 76.92
 Memo Item
 Payroll Deduction: ()

B. Feldman, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5540 Greyston St
 City Palm Harbor State FL Zip Code 34685-1136
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2024
Transaction ID : 2603630P
 Amount of Each Receipt this Period 48.00
 Memo Item
 Payroll Deduction: ()

C. Frank, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Chief Information Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2024
Transaction ID : 2603553P
 Amount of Each Receipt this Period 384.00
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....	508.92
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 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Sentry Insurance Company Federal Political Action Committee

A. Garza, Tamie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2056 Grovetown Dr
 City Bartlett State IL Zip Code 60103-1370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGION MANAGER-DIRECT WRITER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603509P
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: ()

B. Georgenson, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) Dir-Reserving-L&H
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 05 / 2024
Transaction ID : 2614673P
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction: ()

C. Gladem, Jenny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Deming Way
 City Middleton State WI Zip Code 53562-3512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Dir - PL Proj Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 410.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603639P
 Amount of Each Receipt this Period 82.00
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....	222.00
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 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Sentry Insurance Company Federal Political Action Committee

A. Goodman, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Board
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2024
Transaction ID : 2603734
 Amount of Each Receipt this Period
 4000.00
 Memo Item

B. Gorski, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5448 Flicker Ln
 City Stevens Point State WI Zip Code 54482-9708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Actuarial Asst Sr-P&C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2024
Transaction ID : 2603614P
 Amount of Each Receipt this Period
 45.00
 Memo Item
 Payroll Deduction: ()

C. Gwidt, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 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 ▼ 484.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2024
Transaction ID : 2603528P
 Amount of Each Receipt this Period
 96.92
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....▶	4141.92
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 39
	<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 Company Federal Political Action Committee

A. Henderson, Dustin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10260 SW Greenburg Rd
 Ste 1050
 City Portland State OR Zip Code 97223-5520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Divison Manager - Direct Writer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 19 / 2024**
Transaction ID : 2603530P
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: ()

B. Hernandez, Nic, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19100 Von Karman Ave
 Ste 1000
 City Irvine State CA Zip Code 92612-6584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Dir-U/W-CL
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 359.22

Date of Receipt **05 / 19 / 2024**
Transaction ID : 2603663P
 Amount of Each Receipt this Period 74.58
 Memo Item
 Payroll Deduction: ()

C. Hoopingarner, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Dir-UW - Direct Writer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt **05 / 19 / 2024**
Transaction ID : 2603590P
 Amount of Each Receipt this Period 130.00
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....	254.58
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 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Sentry Insurance Company Federal Political Action Committee

A. Hyland, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) VP Segment Executive SBP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1015.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603524P
 Amount of Each Receipt this Period 215.00
 Memo Item
 Payroll Deduction: ()

B. James, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Michigan Ave N
 City Stevens Point State WI Zip Code 54481-1266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) GM-SentryWorld
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603497P
 Amount of Each Receipt this Period 45.00
 Memo Item
 Payroll Deduction: ()

C. Kalter, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) Associate General Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603648P
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....	340.00
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 39
<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 Company Federal Political Action Committee

A. Kelly, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 N Point Dr
 City Stevens Point State WI Zip Code 54481-1132
 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 ▼ 505.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603531P
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll Deduction: ()

B. Kleifgen, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Dir-IT Claims Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603526P
 Amount of Each Receipt this Period 58.00
 Memo Item
 Payroll Deduction: ()

C. Knez, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 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 ▼ 516.52

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603619P
 Amount of Each Receipt this Period 106.28
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....	269.28
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 39		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Sentry Insurance Company Federal Political Action Committee

A. Lamp, Kalin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Dir-Employee Benefits
 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
 05 / 19 / 2024
Transaction ID : 2603591P
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: ()

B. Lange, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Dir-U/W-CL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2024
Transaction ID : 2603621P
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: ()

C. Larson, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) AVP-WC Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2024
Transaction ID : 2603667P
 Amount of Each Receipt this Period 45.00
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....▶	165.00
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 19 OF 39
<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 Company Federal Political Action Committee

A. Leonelli, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Northfield Dr
 Ste 300
 City Windsor State CT Zip Code 06095-4730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603680P
 Amount of Each Receipt this Period 116.00
 Memo Item
 Payroll Deduction: ()

B. Livermore, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 N Point Dr
 City Stevens Point State WI Zip Code 54481-1132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) AVP-PL Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603671P
 Amount of Each Receipt this Period 130.00
 Memo Item
 Payroll Deduction: ()

C. Marlow, Dawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 428
 City Edwardsville State IL Zip Code 62025-0428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) Claims Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 403.80

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603640P
 Amount of Each Receipt this Period 80.76
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....	326.76
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 39
<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 Company Federal Political Action Committee

A. Marsden, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Deming Way
 Ste 400
 City Middleton State WI Zip Code 53562-3513
 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 ▼ 307.70

Date of Receipt **05 / 19 / 2024**
Transaction ID : 2603571P
 Amount of Each Receipt this Period 61.54
 Memo Item
 Payroll Deduction: ()

B. McDonald, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) VP-Chief Investment Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1180.00

Date of Receipt **05 / 19 / 2024**
Transaction ID : 2603607P
 Amount of Each Receipt this Period 220.00
 Memo Item
 Payroll Deduction: ()

C. Messar, Alison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Dir-IT Web & Digital Svcs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 222.50

Date of Receipt **05 / 19 / 2024**
Transaction ID : 2603552P
 Amount of Each Receipt this Period 44.50
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....	326.04
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 39
	<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 Company Federal Political Action Committee

A. Metz, Lynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 N Point Dr
 City Stevens Point State WI Zip Code 54481-1132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Assoc Dir-PL Claims Technical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.50

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603586P
 Amount of Each Receipt this Period 51.50
 Memo Item
 Payroll Deduction: ()

B. Miller, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) VP Segment Executive NA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603513P
 Amount of Each Receipt this Period 138.00
 Memo Item
 Payroll Deduction: ()

C. Mieczko, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 W Main St Ste 500
 City Madison State WI Zip Code 53703-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Political Engagement Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603646P
 Amount of Each Receipt this Period 48.00
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....▶	237.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Sentry Insurance Company Federal Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Morisato, Susan, , ,		Date of Receipt MM / DD / YYYY 05 / 29 / 2024 Transaction ID : 2603738
Mailing Address 1800 N Point Dr		Amount of Each Receipt this Period 5000.00
City Stevens Point	State WI	Zip Code 54481-1253
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Sentry Insurance	Occupation (for Individual) Board	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Netzinger, Jeff, , ,		Date of Receipt MM / DD / YYYY 05 / 19 / 2024 Transaction ID : 2603507P
Mailing Address 4790 Still Meadow Ln		Amount of Each Receipt this Period 45.00
City Plover	State WI	Zip Code 54467-4213
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Sentry Insurance	Occupation (for Individual) Claims Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	Payroll Deduction: ()

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Nimm, Sean, , ,		Date of Receipt MM / DD / YYYY 05 / 19 / 2024 Transaction ID : 2603518P
Mailing Address 1800 N Point Dr		Amount of Each Receipt this Period 200.00
City Stevens Point	State WI	Zip Code 54481-1253
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) VP-Analytics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....	5245.00
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 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Sentry Insurance Company Federal Political Action Committee

A. Noble, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 428

City Edwardsville	State IL	Zip Code 62025-0428
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sentry Insurance	Occupation (for Individual) AVP - Hortica
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
564.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2024
Transaction ID : 2603616P

Amount of Each Receipt this Period
116.00

Memo Item

Payroll Deduction: ()

B. Pearson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr

City Stevens Point	State WI	Zip Code 54481-1253
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Sentry Insurance	Occupation (for Individual) Board
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2024
Transaction ID : 2603735

Amount of Each Receipt this Period
5000.00

Memo Item

C. Pempek, Kalynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr

City Stevens Point	State WI	Zip Code 54481-1253
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sentry Insurance	Occupation (for Individual) Sentry Ins Foundation Exec
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
307.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2024
Transaction ID : 2603669P

Amount of Each Receipt this Period
61.52

Memo Item

Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....	5177.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 39
	<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 Company Federal Political Action Committee

A. Regan, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Board
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 05 / 29 / 2024
Transaction ID : 2603736
 Amount of Each Receipt this Period 3000.00
 Memo Item

B. Saeger, Nick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 N Point Dr
 City Stevens Point State WI Zip Code 54481-1132
 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 ▼ 500.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603542P
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction: ()

C. Safri, Sidra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 725 Ponce De Leon Ave NE
 City Atlanta State GA Zip Code 30306-4329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) State Government Affairs Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603675P
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....	3150.00
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 25 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Sentry Insurance Company Federal Political Action Committee

A. Scaccia, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Portfolio Mgr Sr-Equity
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 314.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603617P
 Amount of Each Receipt this Period 266.00
 Memo Item
 Payroll Deduction: ()

B. Schamberger, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-CORP COMM & MEDIA RELATIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 834.60

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603666P
 Amount of Each Receipt this Period 166.92
 Memo Item
 Payroll Deduction: ()

C. Schauer, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Deming Way
 City Middleton State WI Zip Code 53562-3512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Dir - PL Product Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603575P
 Amount of Each Receipt this Period 44.00
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....▶	476.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Sentry Insurance Company Federal Political Action Committee

A. Schroeder, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) CFO, Treasurer and VP-L&A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1226.25

Date of Receipt **05 / 19 / 2024**
Transaction ID : 2603599P
 Amount of Each Receipt this Period 248.25
 Memo Item
 Payroll Deduction: ()

B. Scott, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Account Manager-Direct Writer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.60

Date of Receipt **05 / 31 / 2024**
Transaction ID : 2604437P
 Amount of Each Receipt this Period 83.32
 Memo Item
 Payroll Deduction: ()

C. Simonson, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10260 SW Greenburg Rd Ste 1050
 City Portland State OR Zip Code 97223-5520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt **05 / 19 / 2024**
Transaction ID : 2603668P
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....	391.57
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 27 OF 39
<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 Company Federal Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Smith, Stephanie, , ,			Date of Receipt MM / DD / YYYY 05 / 19 / 2024 Transaction ID : 2603629P
Mailing Address 1800 N Point Dr			Amount of Each Receipt this Period 186.00
City Stevens Point	State WI	Zip Code 54481-1253	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			Payroll Deduction: ()
Name of Employer (for Individual) Sentry Insurance		Occupation (for Individual) VP-Marketing & Brand Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 930.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Steinert, Patricia, , ,			Date of Receipt MM / DD / YYYY 05 / 29 / 2024 Transaction ID : 2603737
Mailing Address 1800 N Point Dr			Amount of Each Receipt this Period 5000.00
City Stevens Point	State WI	Zip Code 54481-1253	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Sentry Insurance		Occupation (for Individual) Board	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Teng, Michael, , ,			Date of Receipt MM / DD / YYYY 05 / 19 / 2024 Transaction ID : 2603691P
Mailing Address 19100 Von Karman Ave Ste 1000			Amount of Each Receipt this Period 1000.00
City Irvine	State CA	Zip Code 92612-6584	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			Payroll Deduction: ()
Name of Employer (for Individual) Sentry Insurance		Occupation (for Individual) AVP-Regional Products, Pricing, & UW	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	6186.00
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 28 OF 39
<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 Company Federal Political Action Committee

A. Thayer, Dawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Actuary - Reserving - P & C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **05 / 19 / 2024**
Transaction ID : 2603523P
 Amount of Each Receipt this Period 72.00
 Memo Item
 Payroll Deduction: ()

B. Toth, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-CL Pricing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt **05 / 19 / 2024**
Transaction ID : 2603635P
 Amount of Each Receipt this Period 45.00
 Memo Item
 Payroll Deduction: ()

C. Trenzeluk, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 W Main St Ste 500
 City Madison State WI Zip Code 53703-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) Dir-Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 447.00

Date of Receipt **05 / 19 / 2024**
Transaction ID : 2603633P
 Amount of Each Receipt this Period 87.00
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....▶	204.00
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 29 OF 39
	<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 Company Federal Political Action Committee

A. Weis, Shelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Software Development Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.20

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603527P
 Amount of Each Receipt this Period 53.84
 Memo Item
 Payroll Deduction: ()

B. Williams, Elisha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) VP-Strategic & Fin Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603536P
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll Deduction: ()

C. Williams, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) VP Chief Actuary / Risk Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603501P
 Amount of Each Receipt this Period 200.00
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....	358.84
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 30 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Sentry Insurance Company Federal Political Action Committee

A. Williams, Rane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N Point Dr
 City Stevens Point State WI Zip Code 54481-1253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Actuarial Asst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603549P
 Amount of Each Receipt this Period 76.92
 Memo Item
 Payroll Deduction: ()

B. Yeiser, Rob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Deming Way Ste 400
 City Middleton State WI Zip Code 53562-3513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-PL Customer & Brand Developme
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603583P
 Amount of Each Receipt this Period 200.00
 Memo Item
 Payroll Deduction: ()

C. Zalesky, Anton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Deming Way Ste 400
 City Middleton State WI Zip Code 53562-3513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sentry Insurance Occupation (for Individual) Dir-Advanced Analytics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 19 / 2024
Transaction ID : 2603644P
 Amount of Each Receipt this Period 84.00
 Memo Item
 Payroll Deduction: ()

SUBTOTAL of Receipts This Page (optional).....	360.92
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 31 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Sentry Insurance Company Federal Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zanow, Raina, , ,

Mailing Address **1800 N Point Dr**

City Stevens Point	State WI	Zip Code 54481-1253
------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) ASSOCIATE GENERAL COUNSEL
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
357.50

Date of Receipt
05 / 19 / 2024

Transaction ID : 2603618P

Amount of Each Receipt this Period
71.50

Memo Item

Payroll Deduction: ()

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	71.50
TOTAL This Period (last page this line number only).....▶	40332.39

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 32 OF 39
<input 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 checked="" 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 Company Federal Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SINEMA FOR ARIZONA

Mailing Address **PO Box 7586**

City Phoenix	State AZ	Zip Code 85011-7586
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00508804**

Name of Employer (for Individual) _____ Occupation (for Individual) _____

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
05 / 08 / 2024

Transaction ID : 2604432

Amount of Each Receipt this Period
3500.00

Memo Item

Refund of contribution itemized in January 2022 Monthly Report

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

Mailing Address _____

City _____	State _____	Zip Code _____
------------	-------------	----------------

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

Name of Employer (for Individual) _____ Occupation (for Individual) _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address _____

City _____	State _____	Zip Code _____
------------	-------------	----------------

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

Name of Employer (for Individual) _____ Occupation (for Individual) _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 OF 39
(check only one)

<input 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 checked="" 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 Company Federal Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. BMO HARRIS BANK NA

Mailing Address **PO Box 755**

City Chicago	State IL	Zip Code 60690-0755
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **638.01**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2024

Transaction ID : 2603804

Amount of Each Receipt this Period

131.52

 Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

 Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	131.52
TOTAL This Period (last page this line number only).....▶	131.52

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"/> 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

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 Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. BMO HARRIS BANK NA

Mailing Address PO Box 755

City
Chicago

State
IL

Zip Code
60690-0755

Purpose of Disbursement
BMO HARRIS BANK FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []

Transaction ID : 500070154

Amount of Each Disbursement this Period

[] 70.17 []

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[] []

Memo Item

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

[] 70.17 []

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

[] 70.17 []

**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

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 Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. ACROSS THE AISLE PAC

Mailing Address 600 Pennsylvania Ave SE
Unit 15845

City
Washington

State
DC

Zip Code
20003-7534

Purpose of Disbursement

Federal Contribution

Candidate Name

ACROSS THE AISLE PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C C00696591

Transaction ID : 500070151

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

B. American Trucking Association PAC

Mailing Address PO Box 15441

City
Washington

State
DC

Zip Code
20003-0441

Purpose of Disbursement

PAC to PAC Contribution

Candidate Name

American Trucking Association PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C C00002881

Transaction ID : 500070147

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

C. BRITT FOR ALABAMA INC

Mailing Address 1101 30th St NW
Ste 390

City
Washington

State
DC

Zip Code
20007-3708

Purpose of Disbursement

Federal Contribution

Candidate Name

BRITT, KATIE, BOYD, ,

Office Sought: House
 Senate
 President

Disbursement For: 2024 Primary General
 Other (specify) ▼

State: AL District: 00

Date of Disbursement

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

FEC Identification Number

C C00781443

Transaction ID : 500070170

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Memo Item

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

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

8	5	0	0	0	0	0	0	0	0
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. BUILDING BRIDGES PAC

Mailing Address 221 N Patrick St

City
Alexandria

State
VA

Zip Code
22314-2440

Purpose of Disbursement

Federal Contribution

Candidate Name

BUILDING BRIDGES PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

C00693127

Transaction ID : 500070172

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MOORE FOR CONGRESS

Mailing Address PO Box 16646

City
Milwaukee

State
WI

Zip Code
53216-0646

Purpose of Disbursement

Federal Contribution

Candidate Name

MOORE, GWEN, S, ,

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: WI District: 04

Date of Disbursement

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

FEC Identification Number

C00397505

Transaction ID : 500070149

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NIKEMA FOR CONGRESS, INC

Mailing Address PO Box 311913

City
Atlanta

State
GA

Zip Code
31131-1913

Purpose of Disbursement

Federal Contribution

Candidate Name

WILLIAMS, NIKEMA, NATASSHA, ,

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: GA District: 05

Date of Disbursement

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

FEC Identification Number

C00752584

Transaction ID : 500070150

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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"/> 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 Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. SCOTT PETERS FOR CONGRESS

Mailing Address 412 1st St SE
Ste 100

City
Washington

State
DC

Zip Code
20003-1804

Purpose of Disbursement
Federal Contribution

Candidate Name

PETERS, SCOTT, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 50

Date of Disbursement

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

FEC Identification Number

C C00503110

Transaction ID : 500070171

Amount of Each Disbursement this Period

1000.00

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

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

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).....▶

1000.00

17000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Sentry Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. State Senate Democratic Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2024

Mailing Address PO Box 164

City Madison	State WI	Zip Code 53701-0164
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FEC Identification Number

C []

Transaction ID : 500070152

Amount of Each Disbursement this Period

[] 1000.00

Purpose of Disbursement

Non-Federal Contribution

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. WI Republican Assembly Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2024

Mailing Address 148 E Johnson St

City Madison	State WI	Zip Code 53703-2120
-----------------	-------------	------------------------

FEC Identification Number

C []

Transaction ID : 500070153

Amount of Each Disbursement this Period

[] 3000.00

Purpose of Disbursement

Non-Federal Contribution

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Memo Item

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

[] 4000.00

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

[] 6500.00