

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]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (selected), July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on 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.

5. Covering Period 10 / 01 / 2017 through 12 / 31 / 2017

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

Signature of Treasurer GWIDT, PAUL, , , [Electronically Filed] Date 01 / 24 / 2018

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="2017"/>	<input type="text" value="29963.95"/>	<input type="text" value="29963.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="45578.42"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9315.58"/>	<input type="text" value="83325.20"/>
(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="54894.00"/>	<input type="text" value="113289.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11024.19"/>	<input type="text" value="69419.34"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="43869.81"/>	<input type="text" value="43869.81"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

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).....	8204.29	72706.05
(ii) Unitemized	1111.29	10619.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9315.58	83325.20
(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)	9315.58	83325.20
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)).....▶	9315.58	83325.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9315.58	83325.20

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	24.19	119.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	24.19	119.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	43000.00
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).....	1500.00	26300.00
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)) ..	11024.19	69419.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11024.19	69419.34

DETAILED SUMMARY PAGE
of Disbursements

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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)	9315.58	83325.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9315.58	83325.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	24.19	119.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	24.19	119.34

**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 97
(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

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 1817 W ZINDA DR

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-REG PROD, PRICING & SVCS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2017

Transaction ID : SA11AI.6535

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 1817 W ZINDA DR

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-REG PROD, PRICING & SVCS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2017

Transaction ID : SA11AI.6536

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 1817 W ZINDA DR

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-REG PROD, PRICING & SVCS
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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
11	/	12	/	2017

Transaction ID : SA11AI.6537

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 7 OF 97
	<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. ANDERSON, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1817 W ZINDA DR
 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-REG PROD, PRICING & SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6538
 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 1817 W ZINDA DR
 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-REG PROD, PRICING & SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6539
 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 1817 W ZINDA DR
 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-REG PROD, PRICING & SVCS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6540
 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 8 OF 97
<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 1427 SKY LINE DR
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 1540.00

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6555
 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 1427 SKY LINE DR
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 1617.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6556
 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 1427 SKY LINE DR
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 1694.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6557
 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: (check only one)	PAGE 9 OF 97
	<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

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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 1427 SKY LINE DR

City STEVENS POINT	State WI	Zip Code 54482
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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 ▼
1771.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2017

Transaction ID : SA11AI.6558

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 1427 SKY LINE DR

City STEVENS POINT	State WI	Zip Code 54482
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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 ▼
1848.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		26		2017

Transaction ID : SA11AI.6559

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 1427 SKY LINE DR

City STEVENS POINT	State WI	Zip Code 54482
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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 ▼
1925.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		10		2017

Transaction ID : SA11AI.6560

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: (check only one)	PAGE 10 OF 97
	<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. BEVERSDORF, BRETT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1427 SKY LINE DR
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 2002.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6561
 Amount of Each Receipt this Period 77.00
 Memo Item
 PAYROLL DEDUCTION

B. BORGEN, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1493 BAYSHORE DR
 City JUNCTION CITY State WI Zip Code 54443
 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 ▼ 360.00

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6562
 Amount of Each Receipt this Period 30.00
 Memo Item
 PAYROLL DEDUCTION

C. BORGEN, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1493 BAYSHORE DR
 City JUNCTION CITY State WI Zip Code 54443
 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 ▼ 390.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6563
 Amount of Each Receipt this Period 30.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	137.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 97
	<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. BORGEN, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1493 BAYSHORE DR
 City JUNCTION CITY State WI Zip Code 54443
 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 ▼ 420.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6564
 Amount of Each Receipt this Period 30.00
 Memo Item
PAYROLL DEDUCTION

B. BORGEN, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1493 BAYSHORE DR
 City JUNCTION CITY State WI Zip Code 54443
 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 ▼ 450.00

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6565
 Amount of Each Receipt this Period 30.00
 Memo Item
PAYROLL DEDUCTION

C. BORGEN, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1493 BAYSHORE DR
 City JUNCTION CITY State WI Zip Code 54443
 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 ▼ 480.00

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6566
 Amount of Each Receipt this Period 30.00
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 97
	<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. BORGEN, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1493 BAYSHORE DR
 City JUNCTION CITY State WI Zip Code 54443
 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 ▼ 510.00

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6567
 Amount of Each Receipt this Period 30.00
 Memo Item
 PAYROLL DEDUCTION

B. BORGEN, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1493 BAYSHORE DR
 City JUNCTION CITY State WI Zip Code 54443
 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 ▼ 540.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6568
 Amount of Each Receipt this Period 30.00
 Memo Item
 PAYROLL DEDUCTION

C. BRANDL, BILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7206 COUNTY RD N
 City BANCROFT State WI Zip Code 54921
 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 ▼ 500.00

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6569
 Amount of Each Receipt this Period 25.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 97
	<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. BRANDL, BILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7206 COUNTY RD N
 City BANCROFT State WI Zip Code 54921
 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 ▼ 525.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6570
 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 7206 COUNTY RD N
 City BANCROFT State WI Zip Code 54921
 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 ▼ 550.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6571
 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 7206 COUNTY RD N
 City BANCROFT State WI Zip Code 54921
 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 ▼ 575.00

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6572
 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 14 OF 97
<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 7206 COUNTY RD N

City BANCROFT	State WI	Zip Code 54921
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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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

Transaction ID : SA11AI.6573

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 7206 COUNTY RD N

City BANCROFT	State WI	Zip Code 54921
------------------	-------------	-------------------

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 ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2017

Transaction ID : SA11AI.6574

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 7206 COUNTY RD N

City BANCROFT	State WI	Zip Code 54921
------------------	-------------	-------------------

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2017

Transaction ID : SA11AI.6575

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 15 OF 97
	<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. BRODERICK, DONALD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4460 RIVER DR

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2017

Transaction ID : SA11AI.6576

Amount of Each Receipt this Period
27.75

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 4460 RIVER DR

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
468.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2017

Transaction ID : SA11AI.6577

Amount of Each Receipt this Period
27.75

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 4460 RIVER DR

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
496.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2017

Transaction ID : SA11AI.6578

Amount of Each Receipt this Period
27.75

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	83.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 97
	<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. BRODERICK, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4460 RIVER DR
 City PLOVER State WI Zip Code 54467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-TAX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 523.93

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6579
 Amount of Each Receipt this Period 27.75
 Memo Item
PAYROLL DEDUCTION

B. BRODERICK, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4460 RIVER DR
 City PLOVER State WI Zip Code 54467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-TAX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 551.68

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6580
 Amount of Each Receipt this Period 27.75
 Memo Item
PAYROLL DEDUCTION

C. BRODERICK, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4460 RIVER DR
 City PLOVER State WI Zip Code 54467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-TAX
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 579.43

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6581
 Amount of Each Receipt this Period 27.75
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	83.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 97
	<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. BRODERICK, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4460 RIVER DR
 City PLOVER State WI Zip Code 54467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-TAX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 607.18

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6582
 Amount of Each Receipt this Period 27.75
 Memo Item
 PAYROLL DEDUCTION

B. BROWN, SHARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 DEER RUN DR
 City PRATTVILLE State AL Zip Code 36067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REG-ADMINISTRATIVE SVCS MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6583
 Amount of Each Receipt this Period 22.50
 Memo Item
 PAYROLL DEDUCTION

C. BROWN, SHARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 DEER RUN DR
 City PRATTVILLE State AL Zip Code 36067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REG-ADMINISTRATIVE SVCS MGR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 247.50

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6584
 Amount of Each Receipt this Period 22.50
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	72.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 97
	<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. BROWN, SHARON, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 207 DEER RUN DR

City PRATTVILLE	State AL	Zip Code 36067
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) REG-ADMINISTRATIVE SVCS MGR
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2017

Transaction ID : SA11AI.6585

Amount of Each Receipt this Period
22.50

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 207 DEER RUN DR

City PRATTVILLE	State AL	Zip Code 36067
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) REG-ADMINISTRATIVE SVCS MGR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
292.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2017

Transaction ID : SA11AI.6586

Amount of Each Receipt this Period
22.50

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 207 DEER RUN DR

City PRATTVILLE	State AL	Zip Code 36067
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) REG-ADMINISTRATIVE SVCS MGR
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

Transaction ID : SA11AI.6587

Amount of Each Receipt this Period
22.50

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	67.50
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 19 OF 97
<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. BROWN, SHARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 DEER RUN DR
 City PRATTVILLE State AL Zip Code 36067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REG-ADMINISTRATIVE SVCS MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 337.50

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6588
 Amount of Each Receipt this Period 22.50
 Memo Item
 PAYROLL DEDUCTION

B. BROWN, SHARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 DEER RUN DR
 City PRATTVILLE State AL Zip Code 36067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REG-ADMINISTRATIVE SVCS MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6589
 Amount of Each Receipt this Period 22.50
 Memo Item
 PAYROLL DEDUCTION

C. CHRISTOPHEL, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1803 AUDREYS LN
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 280.00

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6597
 Amount of Each Receipt this Period 20.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	65.00
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 20 OF 97
<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. CHRISTOPHEL, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1803 AUDREYS LN
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 300.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6598
 Amount of Each Receipt this Period 20.00
 Memo Item
 PAYROLL DEDUCTION

B. CHRISTOPHEL, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1803 AUDREYS LN
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 320.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6599
 Amount of Each Receipt this Period 20.00
 Memo Item
 PAYROLL DEDUCTION

C. CHRISTOPHEL, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1803 AUDREYS LN
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 340.00

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6600
 Amount of Each Receipt this Period 20.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	60.00
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 97
	<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. CHRISTOPHEL, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1803 AUDREYS LN
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 360.00

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6601
 Amount of Each Receipt this Period 20.00
 Memo Item
PAYROLL DEDUCTION

B. CHRISTOPHEL, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1803 AUDREYS LN
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 380.00

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6602
 Amount of Each Receipt this Period 20.00
 Memo Item
PAYROLL DEDUCTION

C. CHRISTOPHEL, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1803 AUDREYS LN
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 400.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6603
 Amount of Each Receipt this Period 20.00
 Memo Item
PAYROLL DEDUCTION.

SUBTOTAL of Receipts This Page (optional).....	60.00
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 22 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. CLEMENS, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4577 HAWK HAVEN RD
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-CLAIMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6605
 Amount of Each Receipt this Period 20.00
 Memo Item
PAYROLL DEDUCTION

B. CLEMENS, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4577 HAWK HAVEN RD
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-CLAIMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6606
 Amount of Each Receipt this Period 20.00
 Memo Item
PAYROLL DEDUCTION

C. CLEMENS, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4577 HAWK HAVEN RD
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) DIR-CLAIMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6607
 Amount of Each Receipt this Period 20.00
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	60.00
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 97
<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. CLEMENS, EDWARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4577 HAWK HAVEN RD

City STEVENS POINT	State WI	Zip Code 54482
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

Transaction ID : SA11AI.6608

Amount of Each Receipt this Period
20.00

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 4577 HAWK HAVEN RD

City STEVENS POINT	State WI	Zip Code 54482
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) DIR-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
12	/	10	/	2017

Transaction ID : SA11AI.6610

Amount of Each Receipt this Period
20.00

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 4577 HAWK HAVEN RD

City STEVENS POINT	State WI	Zip Code 54482
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2017

Transaction ID : SA11AI.6609

Amount of Each Receipt this Period
20.00

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	60.00
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 24 OF 97
	<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. COLE, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 665 MAPLE AVE
 City LAKE BLUFF State IL Zip Code 60044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-NATL ACCOUNTS PRODS & PRI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6618
 Amount of Each Receipt this Period 45.00
 Memo Item
 PAYROLL DEDUCTION

B. COLE, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 665 MAPLE AVE
 City LAKE BLUFF State IL Zip Code 60044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-NATL ACCOUNTS PRODS & PR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6619
 Amount of Each Receipt this Period 45.00
 Memo Item
 PAYROLL DEDUCTION

C. COLE, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 665 MAPLE AVE
 City LAKE BLUFF State IL Zip Code 60044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-NATL ACCOUNTS PRODS & PRI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6620
 Amount of Each Receipt this Period 45.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	135.00
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 97
	<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. COLE, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 665 MAPLE AVE
 City LAKE BLUFF State IL Zip Code 60044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-NATL ACCOUNTS PRODS & PRI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6621
 Amount of Each Receipt this Period 45.00
 Memo Item
 PAYROLL DEDUCTION

B. COLE, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 665 MAPLE AVE
 City LAKE BLUFF State IL Zip Code 60044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-NATL ACCOUNTS PRODS & PR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6622
 Amount of Each Receipt this Period 45.00
 Memo Item
 PAYROLL DEDUCTION

C. COLE, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 665 MAPLE AVE
 City LAKE BLUFF State IL Zip Code 60044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-NATL ACCOUNTS PRODS & PRI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6623
 Amount of Each Receipt this Period 45.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	135.00
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 26 OF 97
<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. COLE, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 665 MAPLE AVE
 City LAKE BLUFF State IL Zip Code 60044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-NATL ACCOUNTS PRODS & PRI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6624
 Amount of Each Receipt this Period 45.00
 Memo Item
 PAYROLL DEDUCTION

B. DELASALLE, TERRY MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 ROANOKE RD
 City BERKELEY State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGION MANAGER-DO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6625
 Amount of Each Receipt this Period 36.00
 Memo Item
 PAYROLL DEDUCTION

C. DELASALLE, TERRY MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 ROANOKE RD
 City BERKELEY State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGION MANAGER-DO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6626
 Amount of Each Receipt this Period 36.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	117.00
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 27 OF 97
	<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. DELASALLE, TERRY MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 ROANOKE RD
 City BERKELEY State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGION MANAGER-DO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2017
Transaction ID : SA11AI.6627
 Amount of Each Receipt this Period 36.00
 Memo Item
PAYROLL DEDUCTION

B. DELASALLE, TERRY MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 ROANOKE RD
 City BERKELEY State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGION MANAGER-DO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2017
Transaction ID : SA11AI.6628
 Amount of Each Receipt this Period 36.00
 Memo Item
PAYROLL DEDUCTION

C. DELASALLE, TERRY MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 ROANOKE RD
 City BERKELEY State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGION MANAGER-DO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2017
Transaction ID : SA11AI.6630
 Amount of Each Receipt this Period 36.00
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	108.00
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 97
	<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. DELASALLE, TERRY MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 ROANOKE RD
 City BERKELEY State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGION MANAGER-DO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6632
 Amount of Each Receipt this Period 36.00
 Memo Item
PAYROLL DEDUCTION

B. DELASALLE, TERRY MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 ROANOKE RD
 City BERKELEY State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGION MANAGER-DO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 612.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6631
 Amount of Each Receipt this Period 36.00
 Memo Item
PAYROLL DEDUCTION

C. DIETRY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1205 LAWTON LN
 City WAUNAKEE State WI Zip Code 53597
 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 ▼ 615.40

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6633
 Amount of Each Receipt this Period 30.77
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶ 102.77
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 29 OF 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. DIETRY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1205 LAWTON LN
 City WAUNAKEE State WI Zip Code 53597
 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 ▼ 646.17

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6634
 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 1205 LAWTON LN
 City WAUNAKEE State WI Zip Code 53597
 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 ▼ 676.94

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6635
 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 1205 LAWTON LN
 City WAUNAKEE State WI Zip Code 53597
 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 ▼ 707.71

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6636
 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 30 OF 97
	<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. DIETRY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1205 LAWTON LN
 City WAUNAKEE State WI Zip Code 53597
 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 ▼ 738.48

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6637
 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 1205 LAWTON LN
 City WAUNAKEE State WI Zip Code 53597
 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 ▼ 769.25

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6638
 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 1205 LAWTON LN
 City WAUNAKEE State WI Zip Code 53597
 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 ▼ 800.02

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6639
 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 31 OF 97
	<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. DUFRESNE, MICHELLE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5509 ELMWOOD AVE

City STEVENS POINT	State WI	Zip Code 54482
-----------------------	-------------	-------------------

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2017

Transaction ID : SA11AI.6977

Amount of Each Receipt this Period
35.00

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 5509 ELMWOOD AVE

City STEVENS POINT	State WI	Zip Code 54482
-----------------------	-------------	-------------------

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 ▼
455.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2017

Transaction ID : SA11AI.6978

Amount of Each Receipt this Period
35.00

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 5509 ELMWOOD AVE

City STEVENS POINT	State WI	Zip Code 54482
-----------------------	-------------	-------------------

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 ▼
490.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2017

Transaction ID : SA11AI.6980

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 32 OF 97
	<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. DUFRESNE, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5509 ELMWOOD AVE
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 525.00

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6981
 Amount of Each Receipt this Period 35.00
 Memo Item
PAYROLL DEDUCTION

B. DUFRESNE, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5509 ELMWOOD AVE
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 560.00

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6979
 Amount of Each Receipt this Period 35.00
 Memo Item
PAYROLL DEDUCTION

C. DUFRESNE, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5509 ELMWOOD AVE
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 595.00

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6982
 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 33 OF 97
	<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. DUFRESNE, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5509 ELMWOOD AVE
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 630.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6983
 Amount of Each Receipt this Period 35.00
 Memo Item
PAYROLL DEDUCTION

B. ELLIOTT, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 403 GRANDVIEW DRIVE
 City WAUNAKEE State WI Zip Code 53597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.6533
 Amount of Each Receipt this Period 880.00
 Memo Item
CONTRIBUTION

C. ELLIOTT, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 403 GRANDVIEW DRIVE
 City WAUNAKEE State WI Zip Code 53597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6988
 Amount of Each Receipt this Period 20.00
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	935.00
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 34 OF 97
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ELLIOTT, THERESA, , ,

Mailing Address 403 GRANDVIEW DRIVE

City WAUNAKEE	State WI	Zip Code 53597
------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS I
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
940.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2017

Transaction ID : SA11AI.6987

Amount of Each Receipt this Period
20.00

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 403 GRANDVIEW DRIVE

City WAUNAKEE	State WI	Zip Code 53597
------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

Transaction ID : SA11AI.6986

Amount of Each Receipt this Period
20.00

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 403 GRANDVIEW DRIVE

City WAUNAKEE	State WI	Zip Code 53597
------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS I
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
980.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2017

Transaction ID : SA11AI.6985

Amount of Each Receipt this Period
20.00

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	60.00
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 35 OF 97
	<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. ELLIOTT, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 403 GRANDVIEW DRIVE
 City WAUNAKEE State WI Zip Code 53597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6984
 Amount of Each Receipt this Period 20.00
 Memo Item
 PAYROLL DEDUCTION

B. ESQUEDA, CURT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7965 ROLLING HILLS RD
 City CUSTER State WI Zip Code 54423
 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 ▼ 211.60

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6654
 Amount of Each Receipt this Period 10.58
 Memo Item
 PAYROLL DEDUCTION

C. ESQUEDA, CURT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7965 ROLLING HILLS RD
 City CUSTER State WI Zip Code 54423
 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 ▼ 222.18

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6655
 Amount of Each Receipt this Period 10.58
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	41.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 97
	<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. ESQUEDA, CURT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7965 ROLLING HILLS RD

City CUSTER	State WI	Zip Code 54423
----------------	-------------	-------------------

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 ▼
232.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2017

Transaction ID : SA11AI.6656

Amount of Each Receipt this Period
10.58

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 7965 ROLLING HILLS RD

City CUSTER	State WI	Zip Code 54423
----------------	-------------	-------------------

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 ▼
243.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2017

Transaction ID : SA11AI.6657

Amount of Each Receipt this Period
10.58

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 7965 ROLLING HILLS RD

City CUSTER	State WI	Zip Code 54423
----------------	-------------	-------------------

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 ▼
253.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

Transaction ID : SA11AI.6658

Amount of Each Receipt this Period
10.58

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	31.74
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 37 OF 97
<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. ESQUEDA, CURT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7965 ROLLING HILLS RD

City CUSTER	State WI	Zip Code 54423
----------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) U/W MANAGER-CL
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
264.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2017

Transaction ID : SA11AI.6659

Amount of Each Receipt this Period
10.58

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 7965 ROLLING HILLS RD

City CUSTER	State WI	Zip Code 54423
----------------	-------------	-------------------

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 ▼
275.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2017

Transaction ID : SA11AI.6660

Amount of Each Receipt this Period
10.58

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 3832 HEFFRON ST

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 ▼
488.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2017

Transaction ID : SA11AI.6661

Amount of Each Receipt this Period
24.42

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	45.58
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 38 OF 97
	<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 3832 HEFFRON ST
 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 ▼
 512.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2017
Transaction ID : SA11AI.6662
 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 3832 HEFFRON ST
 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 ▼
 537.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2017
Transaction ID : SA11AI.6663
 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 3832 HEFFRON ST
 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 ▼
 561.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2017
Transaction ID : SA11AI.6664
 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: (check only one)	PAGE 39 OF 97
<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 3832 HEFFRON ST
 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 ▼ 586.08

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6665
 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 3832 HEFFRON ST
 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 ▼ 610.50

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6666
 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 3832 HEFFRON ST
 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 ▼ 634.92

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6667
 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: (check only one)	PAGE 40 OF 97
<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 410 MAPLE BLUFF RD
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 300.00

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6668
 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 410 MAPLE BLUFF RD
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 315.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6669
 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 410 MAPLE BLUFF RD
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 330.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6670
 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 41 OF 97
	<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. FIRMINHAC, KRISTINE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 410 MAPLE BLUFF RD

City STEVENS POINT	State WI	Zip Code 54482
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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
11		12		2017

Transaction ID : SA11AI.6671

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 410 MAPLE BLUFF RD

City STEVENS POINT	State WI	Zip Code 54482
-----------------------	-------------	-------------------

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		26		2017

Transaction ID : SA11AI.6672

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 410 MAPLE BLUFF RD

City STEVENS POINT	State WI	Zip Code 54482
-----------------------	-------------	-------------------

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
12		10		2017

Transaction ID : SA11AI.6673

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 42 OF 97
	<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	

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. FIRMINHAC, KRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 MAPLE BLUFF RD
 City STEVENS POINT State WI Zip Code 54482
 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 ▼ 390.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6674
 Amount of Each Receipt this Period 15.00
 Memo Item
PAYROLL DEDUCTION

B. GEORGENSON, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4417 SEQUOIA DR
 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-RESERVING-L&H
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6686
 Amount of Each Receipt this Period 15.00
 Memo Item
PAYROLL DEDUCTION

C. GEORGENSON, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4417 SEQUOIA DR
 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-RESERVING-L&H
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6687
 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 43 OF 97
	<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. GEORGENSON, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4417 SEQUOIA DR
 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-RESERVING-L&H
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6688
 Amount of Each Receipt this Period 15.00
 Memo Item
PAYROLL DEDUCTION

B. GUALDERAMA, AMANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4837 MARIETTA WAY
 City CARMICHAEL State CA Zip Code 95608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.30

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6703
 Amount of Each Receipt this Period 44.23
 Memo Item
PAYROLL DEDUCTION

C. GUALDERAMA, AMANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4837 MARIETTA WAY
 City CARMICHAEL State CA Zip Code 95608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 486.53

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6704
 Amount of Each Receipt this Period 44.23
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	103.46
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 44 OF 97
	<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. GUALDERAMA, AMANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4837 MARIETTA WAY
 City CARMICHAEL State CA Zip Code 95608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.76

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6705
 Amount of Each Receipt this Period 44.23
 Memo Item
 PAYROLL DEDUCTION

B. GUALDERAMA, AMANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4837 MARIETTA WAY
 City CARMICHAEL State CA Zip Code 95608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.99

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6706
 Amount of Each Receipt this Period 44.23
 Memo Item
 PAYROLL DEDUCTION

C. GUALDERAMA, AMANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4837 MARIETTA WAY
 City CARMICHAEL State CA Zip Code 95608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS I
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 619.22

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6709
 Amount of Each Receipt this Period 44.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	132.69
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 45 OF 97
	<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. GUALDERAMA, AMANDA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4837 MARIETTA WAY

City CARMICHAEL	State CA	Zip Code 95608
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS I
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
663.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2017

Transaction ID : SA11AI.6707

Amount of Each Receipt this Period
44.23

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 4837 MARIETTA WAY

City CARMICHAEL	State CA	Zip Code 95608
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
707.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2017

Transaction ID : SA11AI.6708

Amount of Each Receipt this Period
44.23

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 2112 DRIFTWOOD DR

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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
569.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2017

Transaction ID : SA11AI.6710

Amount of Each Receipt this Period
28.46

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	116.92
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 46 OF 97
	<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. GWIDT, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2112 DRIFTWOOD DR
 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 ▼ 597.66

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6711
 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 2112 DRIFTWOOD DR
 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 ▼ 626.12

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6712
 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 2112 DRIFTWOOD DR
 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 ▼ 654.58

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6713
 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 47 OF 97
	<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

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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 2112 DRIFTWOOD DR
 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 ▼ 683.04

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6714
 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 2112 DRIFTWOOD DR
 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 ▼ 711.50

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6715
 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 2112 DRIFTWOOD DR
 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 ▼ 739.96

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6716
 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 48 OF 97
	<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. HABERER, MONA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3344 KARROS COURT
 City EDWARDSVILLE State IL Zip Code 62025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) BUS SEGMENT EXEC - HORTICA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6717
 Amount of Each Receipt this Period 45.00
 Memo Item
 PAYROLL DEDUCTION

B. HABERER, MONA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3344 KARROS COURT
 City EDWARDSVILLE State IL Zip Code 62025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) BUS SEGMENT EXEC - HORTICA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6718
 Amount of Each Receipt this Period 45.00
 Memo Item
 PAYROLL DEDUCTION

C. HABERER, MONA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3344 KARROS COURT
 City EDWARDSVILLE State IL Zip Code 62025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) BUS SEGMENT EXEC - HORTICA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6719
 Amount of Each Receipt this Period 45.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶ 135.00
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 49 OF 97
	<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. HABERER, MONA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3344 KARROS COURT
 City EDWARDSVILLE State IL Zip Code 62025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) BUS SEGMENT EXEC - HORTICA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6720
 Amount of Each Receipt this Period 45.00
 Memo Item
 PAYROLL DEDUCTION

B. HABERER, MONA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3344 KARROS COURT
 City EDWARDSVILLE State IL Zip Code 62025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) BUS SEGMENT EXEC - HORTICA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6721
 Amount of Each Receipt this Period 45.00
 Memo Item
 PAYROLL DEDUCTION

C. HABERER, MONA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3344 KARROS COURT
 City EDWARDSVILLE State IL Zip Code 62025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) BUS SEGMENT EXEC - HORTICA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6722
 Amount of Each Receipt this Period 45.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	135.00
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 50 OF 97
<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. HABERER, MONA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3344 KARROS COURT
 City EDWARDSVILLE State IL Zip Code 62025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) BUS SEGMENT EXEC - HORTICA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6723
 Amount of Each Receipt this Period 45.00
 Memo Item
 PAYROLL DEDUCTION

B. HERMAN, BETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1460 LARRYS DR
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) TRANSITION SERVICES MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6725
 Amount of Each Receipt this Period 10.00
 Memo Item
 PAYROLL DEDUCTION

C. HERMAN, BETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1460 LARRYS DR
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) TRANSITION SERVICES MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6726
 Amount of Each Receipt this Period 10.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	65.00
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 51 OF 97
<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. HERMAN, BETH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1460 LARRYS DR

City STEVENS POINT	State WI	Zip Code 54482
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) TRANSITION SERVICES MANAGER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	12	/	2017

Transaction ID : SA11AI.6727

Amount of Each Receipt this Period
10.00

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 1460 LARRYS DR

City STEVENS POINT	State WI	Zip Code 54482
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) TRANSITION SERVICES MANAGER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	26	/	2017

Transaction ID : SA11AI.6728

Amount of Each Receipt this Period
10.00

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 1460 LARRYS DR

City STEVENS POINT	State WI	Zip Code 54482
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) TRANSITION SERVICES MANAGER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	10	/	2017

Transaction ID : SA11AI.6729

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 52 OF 97
<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. HERMAN, BETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1460 LARRYS DR
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) TRANSITION SERVICES MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6730
 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 1708 DAILY DR
 City WAUNAKEE State WI Zip Code 53597
 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 ▼ 210.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6739
 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 1708 DAILY DR
 City WAUNAKEE State WI Zip Code 53597
 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 ▼ 220.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6740
 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 53 OF 97
<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. JENSEMA, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1708 DAILY DR
 City WAUNAKEE State WI Zip Code 53597
 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 11 / 12 / 2017
Transaction ID : SA11AI.6741
 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 1708 DAILY DR
 City WAUNAKEE State WI Zip Code 53597
 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 / 26 / 2017
Transaction ID : SA11AI.6742
 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 1708 DAILY DR
 City WAUNAKEE State WI Zip Code 53597
 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 12 / 10 / 2017
Transaction ID : SA11AI.6743
 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 54 OF 97
	<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

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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 1708 DAILY DR

City WAUNAKEE	State WI	Zip Code 53597
------------------	-------------	-------------------

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 ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2017

Transaction ID : SA11AI.6744

Amount of Each Receipt this Period
10.00

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 1840 NORWAY PINE DR

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
615.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2017

Transaction ID : SA11AI.6752

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 1840 NORWAY PINE DR

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
646.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2017

Transaction ID : SA11AI.6753

Amount of Each Receipt this Period
30.77

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	71.54
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 55 OF 97
	<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 1840 NORWAY PINE DR

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
676.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2017

Transaction ID : SA11AI.6754

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 1840 NORWAY PINE DR

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
707.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2017

Transaction ID : SA11AI.6755

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 1840 NORWAY PINE DR

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
738.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

Transaction ID : SA11AI.6756

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 56 OF 97
<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 1840 NORWAY PINE DR

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
769.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2017

Transaction ID : SA11AI.6757

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 1840 NORWAY PINE DR

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
800.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2017

Transaction ID : SA11AI.6758

Amount of Each Receipt this Period

30.77

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 621 FOREST AVE

City GLEN ELLYN	State IL	Zip Code 60137
--------------------	-------------	-------------------

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 ▼
665.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2017

Transaction ID : SA11AI.6759

Amount of Each Receipt this Period

33.29

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	94.83
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 57 OF 97
	<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 621 FOREST AVE
 City GLEN ELLYN State IL Zip Code 60137
 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 ▼ 699.09

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6760
 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 621 FOREST AVE
 City GLEN ELLYN State IL Zip Code 60137
 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 ▼ 732.38

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6761
 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 621 FOREST AVE
 City GLEN ELLYN State IL Zip Code 60137
 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 ▼ 765.67

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6762
 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 58 OF 97
	<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. KNEZ, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 621 FOREST AVE
 City GLEN ELLYN State IL Zip Code 60137
 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 ▼ 798.96

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6763
 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 621 FOREST AVE
 City GLEN ELLYN State IL Zip Code 60137
 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 ▼ 832.25

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6764
 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 621 FOREST AVE
 City GLEN ELLYN State IL Zip Code 60137
 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 ▼ 865.54

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6765
 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 59 OF 97
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KOVATCH, KELLY, , ,

Mailing Address 1970 ASHFORD DR

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2017

Transaction ID : SA11AI.6774

Amount of Each Receipt this Period
10.00

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 1970 ASHFORD DR

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2017

Transaction ID : SA11AI.6775

Amount of Each Receipt this Period
10.00

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 1970 ASHFORD DR

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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

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

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
11	/	12	/	2017

Transaction ID : SA11AI.6776

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 60 OF 97
	<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. KOVATCH, KELLY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1970 ASHFORD DR

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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

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

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	/	26	/	2017

Transaction ID : SA11AI.6777

Amount of Each Receipt this Period
10.00

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 1970 ASHFORD DR

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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

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

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
12	/	10	/	2017

Transaction ID : SA11AI.6778

Amount of Each Receipt this Period
10.00

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 1970 ASHFORD DR

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2017

Transaction ID : SA11AI.6779

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 61 OF 97
	<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. LAMKEN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4570 HAWK HAVEN RD
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) CL BUSINESS RELATIONSHIP DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 454.20

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6780
 Amount of Each Receipt this Period 37.85
 Memo Item
PAYROLL DEDUCTION

B. LAMKEN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4570 HAWK HAVEN RD
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) CL BUSINESS RELATIONSHIP DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 492.05

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6781
 Amount of Each Receipt this Period 37.85
 Memo Item
PAYROLL DEDUCTION

C. LAMKEN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4570 HAWK HAVEN RD
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) CL BUSINESS RELATIONSHIP DIR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 529.90

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6782
 Amount of Each Receipt this Period 37.85
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶ 113.55
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 62 OF 97
	<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. LAMKEN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4570 HAWK HAVEN RD
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) CL BUSINESS RELATIONSHIP DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 567.75

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6783
 Amount of Each Receipt this Period 37.85
 Memo Item
 PAYROLL DEDUCTION

B. LAMKEN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4570 HAWK HAVEN RD
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) CL BUSINESS RELATIONSHIP DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 605.60

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6784
 Amount of Each Receipt this Period 37.85
 Memo Item
 PAYROLL DEDUCTION

C. LAMKEN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4570 HAWK HAVEN RD
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) CL BUSINESS RELATIONSHIP DIR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 643.45

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6785
 Amount of Each Receipt this Period 37.85
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	113.55
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 63 OF 97
	<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

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

A. LAMKEN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4570 HAWK HAVEN RD
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) CL BUSINESS RELATIONSHIP DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 681.30

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6786
 Amount of Each Receipt this Period 37.85
 Memo Item
 PAYROLL DEDUCTION

B. LEMEROND, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 BIRCHWOOD AVE
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) PRINCIPAL PROJECT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6788
 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 2101 BIRCHWOOD AVE
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) PRINCIPAL PROJECT MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6789
 Amount of Each Receipt this Period 10.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	57.85
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 64 OF 97
	<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 2101 BIRCHWOOD AVE
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) PRINCIPAL PROJECT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6790
 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 2101 BIRCHWOOD AVE
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) PRINCIPAL PROJECT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6791
 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 2101 BIRCHWOOD AVE
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) PRINCIPAL PROJECT MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6792
 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 65 OF 97
	<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. LEMEROND, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 BIRCHWOOD AVE
 City STEVENS POINT State WI Zip Code 54482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) PRINCIPAL PROJECT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6793
 Amount of Each Receipt this Period 10.00
 Memo Item
 PAYROLL DEDUCTION

B. MARLOW, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3510 OLD STRAUBE LN
 City ALTON State IL Zip Code 62002
 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 ▼ 399.36

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6794
 Amount of Each Receipt this Period 33.28
 Memo Item
 PAYROLL DEDUCTION

C. MARLOW, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3510 OLD STRAUBE LN
 City ALTON State IL Zip Code 62002
 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 ▼ 432.64

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6795
 Amount of Each Receipt this Period 33.28
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	76.56
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 66 OF 97
	<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. MARLOW, DAWN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3510 OLD STRAUBE LN

City ALTON	State IL	Zip Code 62002
---------------	-------------	-------------------

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 ▼
465.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2017

Transaction ID : SA11AI.6796

Amount of Each Receipt this Period
33.28

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 3510 OLD STRAUBE LN

City ALTON	State IL	Zip Code 62002
---------------	-------------	-------------------

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 ▼
499.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2017

Transaction ID : SA11AI.6797

Amount of Each Receipt this Period
33.28

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 3510 OLD STRAUBE LN

City ALTON	State IL	Zip Code 62002
---------------	-------------	-------------------

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 ▼
532.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

Transaction ID : SA11AI.6798

Amount of Each Receipt this Period
33.28

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	99.84
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 67 OF 97
	<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. MARLOW, DAWN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3510 OLD STRAUBE LN

City ALTON	State IL	Zip Code 62002
---------------	-------------	-------------------

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 ▼
565.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2017

Transaction ID : SA11AI.6799

Amount of Each Receipt this Period
33.28

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 3510 OLD STRAUBE LN

City ALTON	State IL	Zip Code 62002
---------------	-------------	-------------------

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 ▼
599.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2017

Transaction ID : SA11AI.6800

Amount of Each Receipt this Period
33.28

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 1800 NEWMARKET MEWS

City WAUNAKEE	State WI	Zip Code 53597
------------------	-------------	-------------------

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 ▼
615.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2017

Transaction ID : SA11AI.6801

Amount of Each Receipt this Period
30.77

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	97.33
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 68 OF 97
	<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

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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 NEWMARKET MEWS
 City WAUNAKEE State WI Zip Code 53597
 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 ▼ 646.17

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6802
 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 NEWMARKET MEWS
 City WAUNAKEE State WI Zip Code 53597
 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 ▼ 676.94

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6803
 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 NEWMARKET MEWS
 City WAUNAKEE State WI Zip Code 53597
 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 ▼ 707.71

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6804
 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 69 OF 97
	<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. MARSDEN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 NEWMARKET MEWS
 City WAUNAKEE State WI Zip Code 53597
 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 ▼ 738.48

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6805
 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 NEWMARKET MEWS
 City WAUNAKEE State WI Zip Code 53597
 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 ▼ 769.25

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6806
 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 NEWMARKET MEWS
 City WAUNAKEE State WI Zip Code 53597
 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 ▼ 800.02

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6807
 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 70 OF 97
	<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

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

Mailing Address 1031 HEARTHSTONE PL

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
792.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2017

Transaction ID : SA11AI.6844

Amount of Each Receipt this Period
28.84

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 1031 HEARTHSTONE PL

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
821.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2017

Transaction ID : SA11AI.6845

Amount of Each Receipt this Period
28.84

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 1031 HEARTHSTONE PL

City PLOVER	State WI	Zip Code 54467
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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 ▼
850.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2017

Transaction ID : SA11AI.6846

Amount of Each Receipt this Period
28.84

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	86.52
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 71 OF 97
	<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

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

Mailing Address 1031 HEARTHSTONE PL

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
879.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2017

Transaction ID : SA11AI.6847

Amount of Each Receipt this Period
28.84

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 1031 HEARTHSTONE PL

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
908.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

Transaction ID : SA11AI.6848

Amount of Each Receipt this Period
28.84

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 1031 HEARTHSTONE PL

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
937.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2017

Transaction ID : SA11AI.6849

Amount of Each Receipt this Period
28.84

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	86.52
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 72 OF 97
	<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	

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. POTTER, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1031 HEARTHSTONE PL
 City PLOVER State WI Zip Code 54467
 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 ▼ 965.92

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6850
 Amount of Each Receipt this Period 28.84
 Memo Item
 PAYROLL DEDUCTION

B. REIMER, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2908 DUNEGAN DR
 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-FINANCIAL ANALYSIS & CONTR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6852
 Amount of Each Receipt this Period 10.00
 Memo Item
 PAYROLL DEDUCTION

C. REIMER, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2908 DUNEGAN DR
 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-FINANCIAL ANALYSIS & CONTR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6853
 Amount of Each Receipt this Period 10.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	48.84
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 73 OF 97
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
REIMER, REBECCA, , ,

Mailing Address 2908 DUNEGAN DR

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-FINANCIAL ANALYSIS & CONTR
---	---

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
11	/	12	/	2017

Transaction ID : SA11AI.6854

Amount of Each Receipt this Period
10.00

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 2908 DUNEGAN DR

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-FINANCIAL ANALYSIS & CONTR
---	---

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	/	26	/	2017

Transaction ID : SA11AI.6855

Amount of Each Receipt this Period
10.00

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 2908 DUNEGAN DR

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-FINANCIAL ANALYSIS & CONTR
---	---

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
12	/	10	/	2017

Transaction ID : SA11AI.6856

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 74 OF 97
	<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. REIMER, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2908 DUNEGAN DR
 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-FINANCIAL ANALYSIS & CONTR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6857
 Amount of Each Receipt this Period 10.00
 Memo Item
 PAYROLL DEDUCTION

B. RIDDLE, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 HIGHFIELD CIR
 City SACRAMENTO State CA Zip Code 95832
 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 ▼ 202.95

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6859
 Amount of Each Receipt this Period 18.45
 Memo Item
 PAYROLL DEDUCTION

C. RIDDLE, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 HIGHFIELD CIR
 City SACRAMENTO State CA Zip Code 95832
 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 ▼ 221.40

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6860
 Amount of Each Receipt this Period 18.45
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	46.90
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 75 OF 97
	<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. RIDDLE, BRUCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 HIGHFIELD CIR

City SACRAMENTO	State CA	Zip Code 95832
--------------------	-------------	-------------------

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 ▼
239.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2017

Transaction ID : SA11AI.6861

Amount of Each Receipt this Period
18.45

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 320 HIGHFIELD CIR

City SACRAMENTO	State CA	Zip Code 95832
--------------------	-------------	-------------------

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 ▼
258.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

Transaction ID : SA11AI.6862

Amount of Each Receipt this Period
18.45

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 320 HIGHFIELD CIR

City SACRAMENTO	State CA	Zip Code 95832
--------------------	-------------	-------------------

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 ▼
276.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2017

Transaction ID : SA11AI.6863

Amount of Each Receipt this Period
18.45

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	55.35
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 76 OF 97
	<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. RIDDLE, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 HIGHFIELD CIR
 City SACRAMENTO State CA Zip Code 95832
 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 ▼ 295.20

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6864
 Amount of Each Receipt this Period 18.45
 Memo Item
 PAYROLL DEDUCTION

B. ROBINSON, ELISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1636 WHISPERING OAKS TRL
 City MOSINEE State WI Zip Code 54455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-FP&A & PROCESS IMPROVEME
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6865
 Amount of Each Receipt this Period 40.00
 Memo Item
 PAYROLL DEDUCTION

C. ROBINSON, ELISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1636 WHISPERING OAKS TRL
 City MOSINEE State WI Zip Code 54455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-FP&A & PROCESS IMPROVEME
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6866
 Amount of Each Receipt this Period 40.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	98.45
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 77 OF 97
	<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. ROBINSON, ELISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1636 WHISPERING OAKS TRL
 City MOSINEE State WI Zip Code 54455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-FP&A & PROCESS IMPROVEME
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6867
 Amount of Each Receipt this Period 40.00
 Memo Item
 PAYROLL DEDUCTION

B. ROBINSON, ELISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1636 WHISPERING OAKS TRL
 City MOSINEE State WI Zip Code 54455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-FP&A & PROCESS IMPROVEME
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6868
 Amount of Each Receipt this Period 40.00
 Memo Item
 PAYROLL DEDUCTION

C. ROBINSON, ELISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1636 WHISPERING OAKS TRL
 City MOSINEE State WI Zip Code 54455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-FP&A & PROCESS IMPROVEME
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6869
 Amount of Each Receipt this Period 40.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶ 120.00
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 78 OF 97
	<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

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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 1636 WHISPERING OAKS TRL
 City MOSINEE State WI Zip Code 54455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-FP&A & PROCESS IMPROVEME
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6870
 Amount of Each Receipt this Period 40.00
 Memo Item
 PAYROLL DEDUCTION

B. ROBINSON, ELISHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1636 WHISPERING OAKS TRL
 City MOSINEE State WI Zip Code 54455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) AVP-FP&A & PROCESS IMPROVEME
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6871
 Amount of Each Receipt this Period 40.00
 Memo Item
 PAYROLL DEDUCTION

C. SAEGER, NICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2360 RIVERS EDGE CT
 City PLOVER State WI Zip Code 54467
 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 ▼ 730.80

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6872
 Amount of Each Receipt this Period 36.54
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	116.54
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 79 OF 97
	<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. SAEGER, NICK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2360 RIVERS EDGE CT

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
767.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2017

Transaction ID : SA11AI.6873

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 2360 RIVERS EDGE CT

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
803.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2017

Transaction ID : SA11AI.6874

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 2360 RIVERS EDGE CT

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
840.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2017

Transaction ID : SA11AI.6875

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 80 OF 97
	<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. SAEGER, NICK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2360 RIVERS EDGE CT

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
876.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

Transaction ID : SA11AI.6876

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 2360 RIVERS EDGE CT

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
913.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2017

Transaction ID : SA11AI.6877

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 2360 RIVERS EDGE CT

City PLOVER	State WI	Zip Code 54467
----------------	-------------	-------------------

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 ▼
950.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2017

Transaction ID : SA11AI.6878

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 81 OF 97
	<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. STRUBLE, SHAD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4729 TURKEY TRL

City AMHERST	State WI	Zip Code 54406
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2017

Transaction ID : SA11AI.6894

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 4729 TURKEY TRL

City AMHERST	State WI	Zip Code 54406
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2017

Transaction ID : SA11AI.6895

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 4729 TURKEY TRL

City AMHERST	State WI	Zip Code 54406
-----------------	-------------	-------------------

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

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

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
11		12		2017

Transaction ID : SA11AI.6896

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 82 OF 97
<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. STRUBLE, SHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4729 TURKEY TRL
 City AMHERST State WI Zip Code 54406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) IT INFRASTRUCTURE SVC DELIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6899
 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 4729 TURKEY TRL
 City AMHERST State WI Zip Code 54406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) IT INFRASTRUCTURE SVC DELIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6897
 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 4729 TURKEY TRL
 City AMHERST State WI Zip Code 54406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) IT INFRASTRUCTURE SVC DELIVERY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6898
 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 83 OF 97
	<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. THAYER, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7473 WOLFE LAKE RD
 City ALMOND State WI Zip Code 54909
 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 ▼ 220.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6908
 Amount of Each Receipt this Period 20.00
 Memo Item
PAYROLL DEDUCTION

B. THAYER, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7473 WOLFE LAKE RD
 City ALMOND State WI Zip Code 54909
 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 ▼ 240.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6909
 Amount of Each Receipt this Period 20.00
 Memo Item
PAYROLL DEDUCTION

C. THAYER, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7473 WOLFE LAKE RD
 City ALMOND State WI Zip Code 54909
 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 ▼ 260.00

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6910
 Amount of Each Receipt this Period 20.00
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	60.00
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 84 OF 97
	<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. THAYER, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7473 WOLFE LAKE RD
 City ALMOND State WI Zip Code 54909
 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 280.00

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6911
 Amount of Each Receipt this Period 20.00
 Memo Item
 PAYROLL DEDUCTION

B. THAYER, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7473 WOLFE LAKE RD
 City ALMOND State WI Zip Code 54909
 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 300.00

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6912
 Amount of Each Receipt this Period 20.00
 Memo Item
 PAYROLL DEDUCTION

C. THAYER, DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7473 WOLFE LAKE RD
 City ALMOND State WI Zip Code 54909
 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 320.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6913
 Amount of Each Receipt this Period 20.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	60.00
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 85 OF 97
<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. TOTH, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4470 RIVER DR
 City PLOVER State WI Zip Code 54467
 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 ▼ 410.00

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6914
 Amount of Each Receipt this Period 41.00
 Memo Item
PAYROLL DEDUCTION

B. TOTH, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4470 RIVER DR
 City PLOVER State WI Zip Code 54467
 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 ▼ 451.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6915
 Amount of Each Receipt this Period 41.00
 Memo Item
PAYROLL DEDUCTION

C. TOTH, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4470 RIVER DR
 City PLOVER State WI Zip Code 54467
 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 ▼ 492.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6916
 Amount of Each Receipt this Period 41.00
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	123.00
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 86 OF 97
	<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. TOTH, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4470 RIVER DR
 City PLOVER State WI Zip Code 54467
 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 ▼ 533.00

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6917
 Amount of Each Receipt this Period 41.00
 Memo Item
PAYROLL DEDUCTION

B. TOTH, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4470 RIVER DR
 City PLOVER State WI Zip Code 54467
 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 ▼ 574.00

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6918
 Amount of Each Receipt this Period 41.00
 Memo Item
PAYROLL DEDUCTION

C. TOTH, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4470 RIVER DR
 City PLOVER State WI Zip Code 54467
 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 ▼ 615.00

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6919
 Amount of Each Receipt this Period 41.00
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	123.00
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 87 OF 97
	<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. TOTH, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4470 RIVER DR
 City PLOVER State WI Zip Code 54467
 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 ▼ 656.00

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6920
 Amount of Each Receipt this Period 41.00
 Memo Item
 PAYROLL DEDUCTION

B. TRENZELUK, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1011 1ST ST SE APT 605
 City WASHINGTON State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.24

Date of Receipt 10 / 01 / 2017
Transaction ID : SA11AI.6921
 Amount of Each Receipt this Period 21.16
 Memo Item
 PAYROLL DEDUCTION

C. TRENZELUK, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1011 1ST ST SE APT 605
 City WASHINGTON State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 317.40

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6922
 Amount of Each Receipt this Period 21.16
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	83.32
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 88 OF 97
	<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

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

A. TRENZELUK, ANTHONY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1011 1ST ST SE
APT 605

City WASHINGTON State DC Zip Code 20003

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

Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 338.56

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6923

Amount of Each Receipt this Period 21.16

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 1011 1ST ST SE
APT 605

City WASHINGTON State DC Zip Code 20003

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

Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 359.72

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6924

Amount of Each Receipt this Period 21.16

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 1011 1ST ST SE
APT 605

City WASHINGTON State DC Zip Code 20003

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

Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS I

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 380.88

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6925

Amount of Each Receipt this Period 21.16

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶ 63.48

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 89 OF 97
	<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. TRENZELUK, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1011 1ST ST SE
 APT 605
 City WASHINGTON State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 402.04

Date of Receipt 12 / 10 / 2017
Transaction ID : SA11AI.6926
 Amount of Each Receipt this Period 21.16
 Memo Item
 PAYROLL DEDUCTION

B. TRENZELUK, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1011 1ST ST SE
 APT 605
 City WASHINGTON State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENTRY INSURANCE Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.20

Date of Receipt 12 / 24 / 2017
Transaction ID : SA11AI.6927
 Amount of Each Receipt this Period 21.16
 Memo Item
 PAYROLL DEDUCTION

C. WILLIAMS, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 448 W TRILLIUM CT
 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) CHIEF INFO SECURITY EXEC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 15 / 2017
Transaction ID : SA11AI.6943
 Amount of Each Receipt this Period 20.00
 Memo Item
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶ 62.32
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 90 OF 97
	<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. WILLIAMS, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 448 W TRILLIUM CT
 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) CHIEF INFO SECURITY EXEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 29 / 2017
Transaction ID : SA11AI.6944
 Amount of Each Receipt this Period 20.00
 Memo Item
PAYROLL DEDUCTION

B. WILLIAMS, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 448 W TRILLIUM CT
 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) CHIEF INFO SECURITY EXEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 11 / 12 / 2017
Transaction ID : SA11AI.6945
 Amount of Each Receipt this Period 20.00
 Memo Item
PAYROLL DEDUCTION

C. WILLIAMS, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 448 W TRILLIUM CT
 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) CHIEF INFO SECURITY EXEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 11 / 26 / 2017
Transaction ID : SA11AI.6946
 Amount of Each Receipt this Period 20.00
 Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	60.00
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 91 OF 97
	<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. WILLIAMS, ADAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 448 W TRILLIUM CT

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) CHIEF INFO SECURITY EXEC
---	---

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
12	/	10	/	2017

Transaction ID : SA11AI.6947

Amount of Each Receipt this Period
20.00

Memo Item
PAYROLL DEDUCTION

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

Mailing Address 448 W TRILLIUM CT

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) CHIEF INFO SECURITY EXEC
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2017

Transaction ID : SA11AI.6948

Amount of Each Receipt this Period
20.00

Memo Item
PAYROLL DEDUCTION

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

Mailing Address W5261 WINDMILL RIDGE RD

City NEW GLARUS	State WI	Zip Code 53574
--------------------	-------------	-------------------

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 ▼
963.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2017

Transaction ID : SA11AI.6956

Amount of Each Receipt this Period
48.16

Memo Item
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	88.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 97
	<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. YEISER, ROBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address W5261 WINDMILL RIDGE RD

City NEW GLARUS	State WI	Zip Code 53574
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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 ▼
1011.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2017

Transaction ID : SA11AI.6957

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 W5261 WINDMILL RIDGE RD

City NEW GLARUS	State WI	Zip Code 53574
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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 ▼
1059.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2017

Transaction ID : SA11AI.6958

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 W5261 WINDMILL RIDGE RD

City NEW GLARUS	State WI	Zip Code 53574
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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 ▼
1107.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2017

Transaction ID : SA11AI.6959

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).....	

**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 93 OF 97
	<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 W5261 WINDMILL RIDGE RD

City NEW GLARUS	State WI	Zip Code 53574
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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 ▼
1155.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

Transaction ID : SA11AI.6960

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 W5261 WINDMILL RIDGE RD

City NEW GLARUS	State WI	Zip Code 53574
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-PL CUSTOMER & BRAND DEVE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2017

Transaction ID : SA11AI.6961

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 W5261 WINDMILL RIDGE RD

City NEW GLARUS	State WI	Zip Code 53574
--------------------	-------------	-------------------

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 ▼
1252.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2017

Transaction ID : SA11AI.6962

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).....	8204.29

**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. FRENCH HILL FOR ARKANSAS

Mailing Address PO BOX 7841

City
LITTLE ROCK

State
AR

Zip Code
72217

Purpose of Disbursement
CONTRIBUTION

Candidate Name

HILL, JAMES FRENCH, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	8		2	0	1	7		

FEC Identification Number

C C00551275

Transaction ID : SB23.7001

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVID SCHWEIKERT

Mailing Address 228 S WASHINGTON STREET
STE 115

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
CONTRIBUTION

Candidate Name

SCHWEIKERT, DAVID, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: AZ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	3		2	0	1	7		

FEC Identification Number

C C00540617

Transaction ID : SB23.6998

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HIMES FOR CONGRESS

Mailing Address 857 POST ROAD, #312

City
FAIRFIELD

State
CT

Zip Code
06824

Purpose of Disbursement
CONTRIBUTION

Candidate Name

HIMES, JIM, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	8		2	0	1	7		

FEC Identification Number

C C00434191

Transaction ID : SB23.7000

Amount of Each Disbursement this Period

1000.00

Memo Item

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

2500.00

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 A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MOORE FOR CONGRESS

Mailing Address PO BOX 16646

City
MILWAUKEE

State
WI

Zip Code
53216

Purpose of Disbursement
CONTRIBUTION

Candidate Name

MOORE, GWEN S, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	1	7

FEC Identification Number

C C00397505

Transaction ID : SB23.6999

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PCIPAC)

Mailing Address 8700 WEST BRYN MAWR
SUITE 1200S

City
CHICAGO

State
IL

Zip Code
60631

Purpose of Disbursement
PAC TO PAC CONTRIBUTION

Candidate Name

PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PCIPAC)

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C C00066472

Transaction ID : SB23.6995

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City
TAYLORVILLE

State
IL

Zip Code
62568

Purpose of Disbursement
CONTRIBUTION

Candidate Name

DAVIS, RODNEY L, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	1	7

FEC Identification Number

C C00521948

Transaction ID : SB23.6997

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2017

Mailing Address 430 FIRST STRET SE

City
WASHINGTON

State
DC

Zip Code
20003

FEC Identification Number

C C00002881

Transaction ID : SB23.7013

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
PAC-TO-PAC CONTRIBUTION

Category/Type

Candidate Name
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.

Office Sought:
 House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

1000.00

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

9500.00

**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 A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

A. CITIZENS FOR KAREN MCCONNAUGHAY

Full Name (Last, First, Middle Initial)
Mailing Address 902 SOUTH RANDALL ROAD
295

City SAINT CHARLES State IL Zip Code 60174

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name
MCCONNAUGHAY, KAREN, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
10 / 09 / 2017

FEC Identification Number
C
Transaction ID : SB29.7011
Amount of Each Disbursement this Period
500.00

Memo Item

B. FRIENDS OF DR. GREG BONNEN

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1183

City FRIENDSWOOD State TX Zip Code 77549

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name
BONNEN, GREG, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
10 / 09 / 2017

FEC Identification Number
C
Transaction ID : SB29.7010
Amount of Each Disbursement this Period
500.00

Memo Item

C. TEXANS FOR KELLY HANCOCK

Full Name (Last, First, Middle Initial)
Mailing Address 4908 DORY COURT

City NORTH RICHLAND HILLS State TX Zip Code 76180

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name
HANCOCK, KELLY, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
10 / 09 / 2017

FEC Identification Number
C
Transaction ID : SB29.7009
Amount of Each Disbursement this Period
500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	1500.00