STATEMENT OF ORGANIZATION

FILED

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FORTC	DITICAL ACTI	ON COMMITTI	MIN COR	DIARTI COM	KRIS W. KOBACH
		(See Reverse Side For	Instruction	ons)	SECRETARY OF STA
	This is a (check one)	Party Committee	✓ Pol	litical Action Committee	
	This is an (check one)	Initial Statement	A	mended Statement	
COMMITTEE		(PLEASE TYPE O	R PRINT))	
Name Shelter Insurance Kansas Political Action Committee (SIKPAC)					
	ess (Street, City, State, padway Columbia, N		(Business Telephone 573) 214-4872	2
CHAIRPERSO	ON				
Name Brian	Waller			Home Telephone (573) 268-4599)
	ss (Street, City, State, padway Columbia, M		(Business Telephone (573) 214-4872	2
TREASURER					
Name <u>C</u> hristi	ina Workman			Home Telephone (<u>573</u>) <u>445 -</u> (Ç214
	ss (Street, City, State, roadway Columbia,		(Business Telephone (573) 214-457	4
AFFILIATED	OR CONNECTED O	RGANIZATIONS	<u>_</u>		
Name Shelte	r Mutual Insurance	Company			
Mailing Address (Street, City, State, Zip Code) 1817 W. Broadway Columbia, MO 65218					
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.					
belief is true, co	his statement has been orrect and complete. I	· · · · · · · · · · · · · · · · · · ·	tentional i	t of my knowledge and failure to file this docu	
1/2000000000000000000000000000000000000)16	<u>Duan</u> (Signa	Walle ture of Ch	^airperson)	_
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