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**Campaign Finance  
Statement of Organization  
For Political Action Committees  
And Party Committees**

Governmental Ethics Commission  
901 S. Kansas Ave.  
Topeka, KS 66612  
Office (785) 296-4219  
Fax (785) 296-2548  
ethics.kansas.gov

This is a (Check one)  Party Committee  PAC

This is an (Check one)  Initial Appointment  Amended Statement

**Committee** Name: **Shelter Insurance Kansas Political Action Committee**

Address: **1817 W Broadway St**

Address2:

City: **Columbia** State: **MO** Zip: **65218**

Business Phone: **(573) 214-4872**

Email Address: **ShelterPAC@shelterinsurance.com**

**Chairperson** Name: **Brian Waller**

Address: **1817 W Broadway St**

Address2:

City: **Columbia** State: **MO** Zip: **65218**

Home Telephone: Business Phone: **(573) 214-4872**

Email Address: **bwaller@shelterinsurance.com**

**Treasurer** Name: **Christina Workman**

Address: **1817 W Broadway St**

Address2:

City: **Columbia** State: **MO** Zip: **65218**

Home Telephone: Business Phone: **(573) 214-4574**

Email Address: **tworkman@shelterinsurance.com**

**Affiliated or** Name: **Shelter Mutual Insurance Company**

**Connected** Address: **1817 W Broadway St**

**Organizations** Address2:

City: **Columbia** State: **MO** Zip: **65218**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

**I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.**

Executed on:

Date: **7/26/2022 9:58:48 AM** Signature of Chairperson: **Brian Waller**

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STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FILED  
APR 25 2016  
KRIS W. KOBACH  
SECRETARY OF STATE

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input checked="" type="checkbox"/> Initial Statement	<input type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Shelter Insurance Kansas Political Action Committee (SIKPAC)	
Mailing Address (Street, City, State, Zip Code)	1817 W. Broadway Columbia, MO 65218	Business Telephone ( 573 ) 214-4872

CHAIRPERSON

Name	Brian Waller	Home Telephone ( 573 ) 268-4599
Mailing Address (Street, City, State, Zip Code)	1817 W. Broadway Columbia, MO 65218	Business Telephone ( 573 ) 214-4872

TREASURER

Name	Christina Workman	Home Telephone ( 573 ) 445-6214
Mailing Address (Street, City, State, Zip Code)	1817 W. Broadway Columbia, MO 65218	Business Telephone ( 573 ) 214-4574

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	Shelter 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.

SIGNATURE:

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

4-21-2016  
(Date)

Brian Waller  
(Signature of Chairperson)