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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Shelter Mutual Insurance Company Federal PAC 1817 West Broadway ADDRESS (number and street) (Check if address is changed) Columbia 65218 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ShelterPAC@shelterinsurance.com (Check if address is changed) Optional Second E-Mail Address bwaller@shelterinsurance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2017 C00140384 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Clapp, S Daniel, , , Type or Print Name of Treasurer Clapp, S Daniel,,, [Electronically Filed] 05 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FFC EA	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	raye Z				
Can	ndidate	lidate Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b) This committee is an authorized committee, and is NOT a principal campaign commit information below.)			nplete the candidate				
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	nmittee:	(D				
		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or p committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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١٨/	rite or Type Committee Name		Page 3
	_		
_		nsurance Company Federal PAC	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
SI	helter Mutual Insuran	ce Company Federal PAC	
	Mailing Address	1817 West Broadway	
		Columbia MO 65218	
		CITY STATE Z	ZIP CODE
	Relationship: x Connected	Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
' .	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in poss	ession of committee
	Clapp, S D	aniel, , ,	1
		4410 Glen Eagle Dr	
	Mailing Address		
		Columbia , MO , 65203	
		Columbia	
	Title or Position	CITY STATE Z	IP CODE
	Treasurer		4790
	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	ne and address of
	Full Name Clapp, S D of Treasurer	aniel, , ,	1
	Mailing Address	4410 Glen Eagle Dr	
	-		
		Columbia	. _
			IP CODE
_	Title or Position Treasurer		14 - 4790

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Full Name of Designated	Clapp, S Daniel, , ,	
Agent	1440 01 5 1 5	
Mailing Address	4410 Glen Eagle Dr	
	Columbia MC	0 65203
	CITY STATI	E ZIP CODE
Title or Position		
	Telephone number	
Mailing Address	Shelter Insurance Federal Credit Union 1817 West Broadway	
	Columbia Mo	0 65218
	CITY STAT	E ZIP CODE
Name of Bank, I	Depository, etc.	
Mailing Address		