10/09/2008 12:56

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURI	IVI 3X	For C	Other Than An	Authorized Co	ommittee		Office Use Only
1. NAME COMI	E OF MITTEE (in full)		FEC MAILING LAI YPE OR PRINT	BEL Example over the	e:If typing, type lines		
SHEL	TER MUTUAL II	NSURANCE	COMPANY FEDE	RAL PAC			
	1 1 1 1 1	1 1 1 1					
ADDRESS	(number and stre	eet) [18	17 WEST BROAD	WAY			
tl	Check if different han previously eported. (ACC)		DLUMBIA			MO	65218
2. FEC I	DENTIFICATION	N NUMBER	~	CITY 🛋		STATE	ZIPCODE 🛕
	C00140384]	3. IS THIS REPORT	X NEW OR	AME (A)	ENDED
(Choo	April 15 Quarterly Reports April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31 Quarterly Re July 31 Mid- Report(Non- Year Only) (I Termination (TER)	eport(Q1) eport(Q2) eport(Q3) eport(YE) Year election MY)	(d) 30-Day Post -Elect Report for t	con he: Con Election on Gen	May 20 (M5 Jun 20 (M6) Jul 20 (M7) nary (12P) evention (12C) deral (30G)) Sep 2	in the State of
5. Cover	ing Period	0 7	01 200	8 t	hrough 0 9	30	2008
-	t I have examined int Name of Trea		and to the best of r ina M Workman	ny knowledge and b	pelief it is true, correc	ct and complete.	
Signature of	of Treasurer E	Ele <u>ctronically</u>	Filed by Tina M	Workman		Date 10	09 2008
NOTE : Su	ubmission of false	e, erroneous,	or incomplete infor	mation may subject	the person signing t	his Report to the p	penalties of 2 U.S.C 437g.
	Office Use						FEC FORM 3X

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name SHELTER MUTUAL INSURANCE COMPANY FEDERAL PAC [®] D " D 0.7 0 1 2008 0.9 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008 29557.65 January 1 (b) Cash on Hand at 31554.48 Begining of Reporting Period 2330.92 5528.75 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 33885.40 35086.40 6(a) and 6(c) for Column B) 6600.00 7801.00 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 27285.40 27285.40 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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. 06/2004) Page 3

Write or Type Committee Name

SHELTER MUTUAL INSURANCE COMPANY FEDERAL PAC

0 1 3^D0 м м 0 7 м м 0 9 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A) 2150.04 4993.88 (ii) Unitemized (iii) TOTAL (add 2150.04 4993.88 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 2150.04 4993.88 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 180.88 534.87 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 2330.92 5528.75 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 2330.92 5528.75 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

Expenditures.....

II. DISBURSEMENTS

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To:

23.

(c) Total Operating Expenditures

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

(a) Shared Federal Election Activity

(i) Federal Share

(ii) "Levin" Share (b) Federal Election Activity Paid Entirely

With Federal Funds (c) Total Federal Election Activity (add

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) and Line 30(a)(ii)

32. Total Federal Disbursements

from Line 31).....

Lines 30(a)(i), 30(a)(ii) and 30(b))....

(from Schedule H6)

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... 0.00 201.00 0.00 201.00 (add 21(a)(i), (a)(ii) and (b))............ 0.00 0.00 Committees..... Federal Candidates/Committees.....and Other Political Committees..... 6600.00 7600.00 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 0.00 0.00 Than Political Committees 0.00 0.00 0.00 0.00 (such as PACs) 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 6600.00 7801.00

6600.00

7801.00

FE	Ξ6 <i>Α</i>	NO	126

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
33.	Total Contributions (other than loans) from Line 11(d), page 3)	2150.04	4993.88
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	2150.04	4993.88
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	201.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	201.00

FE6AN026

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 8 (check only one) 11a 11b 11c 12 13 14 15 16 X 17
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) SHELTER MUTUAL INSURANCE COI	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Shelter Financial Bank Mailing Address 1817 West Broadway City Columbia FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State Zip Code MO 65218 C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
— З.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Shelter Financial Bank Mailing Address 1817 West Broadway City Columbia FEC ID number of contributing	State Zip Code MO 65218	Date of Receipt M M M / D D / Y Y Y Y Y 0 8 2 9 2 0 0 8 Transaction ID: SA17.4402 Amount of Each Receipt this Period 61.76
	Receipt For: Primary Other (specify)	C Occupation Aggregate Year-to-Date ▼ 473.44	Interest on deposits
_ C.	Full Name (Last, First, Middle Initial) Shelter Financial Bank Mailing Address 1817 West Broadway City Columbia FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code MO 65218 C Occupation Aggregate Year-to-Date ▼ 534.87	Date of Receipt M M M / D D / Y Y Y Y Y 0 9
:	SUBTOTAL of Receipts This Page (optional)		180.88
.	TOTAL This Period (last page this line number	only)	180.88

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:		PAGE 7/8	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 2 28c 29 3	
Any Information copied from such Reports and Statement or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) SHELTER MUTUAL INSURANCE COMPAN	NY FEDERAL PAC				
Full Name (Last, First, Middle Initial) BLAINE FOR CONGRESS, INC.			Transaction ID Date of Disburs	ement	
Mailing Address PO Box 1526			09 1	9 7 2008	
Columbia	tate Zip Code MO 65205		Amount of Each	Disbursement this Period	
Purpose of Disbursement Contribution Candidate Name		Category/		1000.00	
President	nent For: 2008 Primary X General Other (specify)	Туре			
State: MO District: 09 Full Name (Last, First, Middle Initial) Clint Zweifel for Treasurer			Transaction ID Date of Disburs		
Mailing Address 8420 Delmar, Suite 501a			M M / D	1 8 Y 2 0 0 8 Y	
•	tate Zip Code MO 63124		Amount of Each	Disbursement this Period	
Purpose of Disbursement Contribution - MO State Treasurer		•		1000.00	
Candidate Name	2000	Category/ Type			
	nent For: 2008 Primary X General Other (specify)				
Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT			Transaction ID Date of Disburs	ement	
Mailing Address PO Box 50100 PO Box 50100			09 / 1	1 7 Y 2 0 0 8 Y	
Springfield N	tate Zip Code MO 65805		Amount of Each	Disbursement this Period	
Purpose of Disbursement Contribution Candidate Name		Category/ Type		1000.00	
	nent For: Primary General Other (specify)	, ype			
SUBTOTAL of Disbursements This Page (optional)				3000.00	
TOTAL This Period (last page this line number only) .					

В.

President District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUM	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 27 28	2 X 23 24 25 26
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used be and address of any political co	y any person for the mmittee to solicit co	purpose of soliciting contributions ontributions from such committee
NAME OF COMMITTEE (In Full) SHELTER MUTUAL INSURANCE COMPA	NY FEDERAL PAC		
Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF INDEPEND ACTION COMMITTEE Mailing Address 2600 RIVER RD.	DENT INSURERS POLITIC	AL Da	ansaction ID: SB23.4409 ate of Disbursement
,	State Zip Code IL 60018	An	nount of Each Disbursement this Period
Purpose of Disbursement Contribution to PAC Candidate Name		Category/	3000.00
Office Sought: House Disburse Senate President State: District:	ment For: 2008 Primary X General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) Pearce for Senate Mailing Address P.O. Box 931		Da	ansaction ID: SB23.4420 atte of Disbursement
	State Zip Code MO 65102	An	nount of Each Disbursement this Period
Purpose of Disbursement Contribution - MO State Senate Candidate Name		Category/ Type	600.00
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	•	3600.00
TOTAL This Period (last page this line number only)	•	6600.00

State: