

# POLITICAL ACTION COMMITTEE (PAC) QUARTERLY REPORTING FORM

To be filed with:  
Mark Martin, Secretary of State  
State Capitol, Room 026  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3408

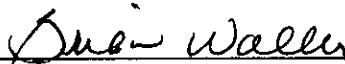
Calendar Year 2016

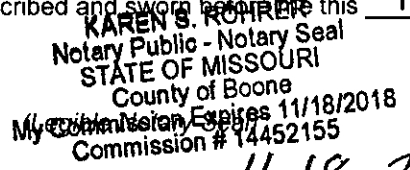
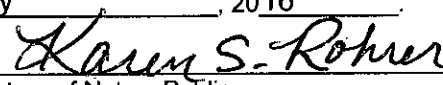
For assistance in completing  
this form contact:  
Arkansas Ethics Commission  
Post Office Box 1917  
Little Rock, AR 72203  
Phone (501) 324-9600  
Toll Free (800) 422-7773

<b>1. NAME OF COMMITTEE (IN FULL)</b> Shelter Insurance AR PAC 3	<b>2. TYPE OF REPORT</b> <input type="checkbox"/> First Quarter—due April 15 covers January 1 through March 31 <input checked="" type="checkbox"/> Second Quarter—due July 15 covers April 1 through June 30 <input type="checkbox"/> Third Quarter—due Oct 15 covers July 1 through September 30 <input type="checkbox"/> Fourth Quarter—due Jan 15 covers October 1 through December 31
<b>ADDRESS</b> 1817 W Broadway	<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">FILED</div> JUL 13 2016
<b>CITY, STATE AND ZIP CODE</b> Columbia, MO 65218	Arkansas Secretary of State 3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

SUMMARY	FOR REPORTING PERIOD	CUMULATIVE TOTALS
4. BALANCE OF FUNDS AT BEGINNING OF REPORTING PERIOD	1,235.99	
5. INTEREST EARNED ON COMMITTEE FUNDS (IF ANY)	0.15	0.38
6. TOTAL MONETARY CONTRIBUTIONS RECEIVED	640.83	4,185.22
7. TOTAL CONTRIBUTIONS MADE TO CANDIDATES/COMMITTEES	500.00	3,250.00
8. ADMINISTRATIVE EXPENSES	0.00	0.00
9. BALANCE OF FUNDS AT CLOSE OF REPORTING PERIOD	1,376.97	
10. ( ) NO ACTIVITY (check if you have not received or made any contributions during this reporting period)		

I certify under oath that I have examined this report and to the best of my knowledge and belief the information so disclosed is a complete, true, and accurate financial statement.

  
 \_\_\_\_\_  
 Signature of PAC Officer

State of Arkansas Missouri County of <u>Boone</u> ) ss	Subscribed and sworn before me this <u>12th</u> day of <u>July</u> , 2016
<div style="text-align: center;">  </div> My Commission Expires: <u>11-18-2018</u>	<div style="text-align: right;">                   _____                  Signature of Notary Public             </div>
Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.	

The law provides for a maximum penalty of \$2,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of Ark. Code Ann. § 7-6-201 through § 7-6-227. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

