



JAN 5 2021

Office Use:

Statement of Committee Organization

Received by email

1. Statement Information

Date: 1/4/20

Type: ☐ New ☒ Amended (if amending, enter MEC ID C180235 & section changed No 6)

2. Committee Information

Missourians for Shields

Name of Committee

47 SE Erin Court St. Joseph, MO 64507

Committee Mailing Address, City, State, & Zip

(816) 387-6707

Telephone Number

Mary Baack-Garvey

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Galen W. Higdon Jr.

Treasurer's Name (First & Last)

6630 Belding St. Joseph, MO 64504

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(816) 2384872

Treasurer's Home Telephone Number

Treasurer's Work Telephone Number

Brenda K Shields

Deputy Treasurer's Name (if one appointed)

47 SE Erin Court St. Joseph, MO 64507

Deputy Treasurer's Mailing Address, City, State, & Zip

Deputy Treasurer's Email Address (optional)

(816) 3876707

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☒ No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Brenda Shields 47 SE Erin Court St. Joseph, MO 64507

Name & Mailing Address, City, State & Zip of Candidate

08/02/2022

Election Date

State Representative

Office Sought & Political Subdivision

(816) 3876707

Telephone Number (Candidate Committees Only)

Republican

Political Party

Support

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Galen W. Higdon Jr.
Committee Treasurer

Brenda K Shields
Candidate (Candidate Committees Only)