Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Missouri Ethics Commission
Office Use:
JUL 14 2025
Received by Email

1. **Statement Information**

Date: 07/14/2025

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

2. **Committee Information**

Missourians For Shields

Name of Committee

Committee Mailing Address, City, State, & Zip | ( ) Telephone Number

Official Committee Email Address | County Clerk, Board of Election Commissioners, or Federal Filing Office of State Committee

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

3. **Treasurer/Deputy Treasurer Information**

Treasurer's Name (First & Last) | Treasurer's Email Address (optional)

Treasurer's Mailing Address, City, State, & Zip | ( ) Treasurer's Home Telephone Number | ( ) Treasurer's Work Telephone Number

AMENDMENT

Deputy Treasurer's Name (if one appointed) | Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip | ( ) 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)**

Name & Mailing Address, City, State, & Zip of Financial Institution | Account Name | Account Number

6. **Candidate Supported or Opposed (candidate committees must complete this section)**

Brenda Shields 47 SE Erin Court St. Joseph, Mo 64507 | (816) 3876707 | ( )

Name & Mailing Address, City, State & Zip of Candidate | Telephone Number (Candidate Committees Only)

Election Date	Office Sought & Political Subdivision	Political Party	Support or Oppose
08/04/2026	Senate 34	Republican	Support

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.

Committee Treasurer | Candidate (Candidate Committees Only)