

Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

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Statement of Committee Organization

1.	ment Information 11/26/18		
	Type: ☐ New ☐ Amended (if amending, enter MEC ID)235 & section cha	No. 6
2.	Committee Information Missourians for Shields		
	Name of Committee 47 SE Erin Court. St. Joseph, MO 64507	7	(816) 387-6707
	σ Address. City, State, & Zip	Mary Baack-Garvey	Telephone Number
	County Clerk or Board of Election Commissioners Committee Type: Committee Type:		
3.	Treasurer/Deputy Treasurer Information Galen W Higdon Jr.		
	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
	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
١.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address, City, State, & Zip Connected Organization's Mailing Address, City, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee?	-	
ò.	Official Bank Account Information (required by all committees)	Tes freier to instructions on	
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
ì.	Candidate Supported or Opposed (candidate committees must Brenda Shields 47 SE Erin Court St. Joseph, Mo	include self; if candidate) (816 \ 387-67-7	()
	Name & Mailing Address, City, State & Zip of Candidate 8/4/2020 District 11 State Rep	7 Telephone Number (Candidate Committees of Republican	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees in	nust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
i.	Signature(s) Check certification(s) & sign (required by all comm	nittees)	
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I rther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		