



Missouri Ethics Commission (MEC)  
 P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov  
**Statement of Committee Organization**

Missouri Ethics Commission  
 Office Use:  
 T171448  
 21 2017

**1. Statement Information**

Date: 07/17/2017  
 Type:  New  Amended (if amending, enter MEC ID C171194 & section changed \_\_\_\_\_)

**2. Committee Information**

Shields for State Senate  
 Name of Committee  
 513 SE Miller St Lees Summit, MO 64063  
 Committee Mailing Address, City, State, & Zip  
 (816) 804-4782  
 Telephone Number  
 Unknown  
 County Clerk or Board of Election Commissioners  
 Committee Type:  Campaign  Candidate  Continuing(PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

Hillary Shields  
 Treasurer's Name (First & Last)  
 513 SE Miller St Lees Summit, MO 64063  
 Treasurer's Mailing Address, City, State, & Zip  
 (816) 804-4782  
 Phone 1  
 Deputy Treasurer's Name (if one appointed)  
 Deputy Treasurer's Email Address (optional)  
 Deputy Treasurer's Mailing Address, City, State, & Zip  
 Phone 1 Phone 2

**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)**

Hillary Shields 513 SE Miller St Lees Summit, MO 64063  
 Name & Mailing address, City, State, & Zip of Candidate  
 (816) 804-4782  
 Phone 1  
 Phone 2  
 08/07/2018  
 Election Date  
 State Senator/Missouri State Senate  
 Office Sought & Political Subdivision  
 Democrat  
 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.  
 Hillary Shields  
 Committee Treasurer  
 Hillary Shields  
 Candidate (Candidate Committees Only)