



Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

MO Ethics Commission

Office Use:

APR 8 2024

Rec'd by email

C 242843

1. Statement Information

Date: 3/31/24

Type: ☒ New ☐ Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Name of Committee: Citizens for Michelle Horner

Committee Mailing Address, City, State, & Zip: 4894 State Highway 2 King City MO 64643

Telephone Number: (816) 401-6141

Official Committee Email Address: _____

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

Treasurer's Name (First & Last): Shaan Horner

Treasurer's Mailing Address, City, State, & Zip: 4894 State Highway 2 King City MO 64643

Treasurer's Email Address (optional): _____

Treasurer's Home Telephone Number: (816) 729-1976

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: _____

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)

Name & Mailing Address, City, State & Zip of Candidate: Michelle Horner 4894 State Hwy 2 King City MO 64643

Telephone Number (Candidate Committees Only): (816) 401-6141

Election Date: 6/6/2024

Office Sought & Political Subdivision: State Rep Dist 1

Political Party: Republican

Support or Oppose: 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)