



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

Office Use:  
 Missouri Ethics Commission  
 SEP 02 2014

### Statement of Committee Organization

**1. Statement Information**

Date: 08/25/2014  
 Type:  New  Amended (if amending, enter MEC ID C141513 & section changed \_\_\_\_\_)

**2. Committee Information**

**Jefferson County Conservatives**  
 Name of Committee  
 5264 Summer Circle Imperial, MO 63052  
 Committee Mailing Address, City, State, & Zip  
 Telephone Number: (636) 461-0363  
 Committee Email Address: \_\_\_\_\_  
 Wes Wagner Jefferson  
 County Clerk or Board of Election Commissioners  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

**Ken Horton**  
 Treasurer's Name (First & Last)  
 5264 Summer Circle Imperial, MO 63052  
 Treasurer's Mailing Address, City, State, & Zip  
 Treasurer's Email Address (optional)  
 (636) 461-0363  
 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

**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  
 Telephone Number (Candidate Committees Only)  
 Election Date  
 Office Sought & Political Subdivision  
 Political Party  
 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.  
Ken Horton  
 Committee Treasurer  
 Candidate (Candidate Committees Only)