



Statement of Committee Organization

HAND DELIVERED

1. **Statement Information**

Date: _____
 Type: New Amended (if amending, enter MEC ID C091155 & section changed 2)

2. **Committee Information**

Citizens to Elect Mike Kehoe
 Name of Committee
P.O. Box 105527 Jefferson City, MO 65110 (573) 821-3385
 Committee Mailing Address, City, State, & Zip Telephone Number

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**

Charles Kruse
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)
1007 Woodland Dr., Dexter, MO 63841 (573) 624-4195
 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

4. **Additional Committee Information**

Additional Committee Officer's Name & Title (if any) Amendment 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)**

Mike Kehoe 3589 Gettysburg, Jefferson City, MO 65109 (573) 821-3385
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
November 3, 2020 Lt Governor Republican Support
 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.
Charles E. Kruse _____ Mike Kehoe _____
 Committee Treasurer Candidate (Candidate Committees Only)