



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

C091155

MISSOURI ETHICS COMMISSION

FILED 09 2024
 HAND DELIVERED

1. Statement Information

Date: 2/1/2024
 Type: New Amended (if amending, enter MEC ID C091155 & section changed 6)

2. Committee Information

Citizens to Elect Mike Kehoe
 Name of Committee
PO Box 105527 Jefferson City, MO 65110
 Committee Mailing Address, City, State, & Zip
(573) 821-3385
 Telephone Number
Cole County
 County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
 Official Committee Email Address
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Charles Kruse
 Treasurer's Name (First & Last)
1007 Woodland Dr Dexter, MO 63841
 Treasurer's Mailing Address, City, State, & Zip
(573) 624-4195
 Treasurer's Home Telephone Number
(573) 680-4804
 Treasurer's Work Telephone Number
 Deputy Treasurer's Name (if one appointed)
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Deputy Treasurer's Home Telephone Number
 Deputy Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)
 Connected Organization's Name (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? 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
 Name & Mailing Address, City, State & Zip of Candidate
8/6/2024 Governor
 Election Date Office Sought & Political Subdivision
(573) 821-3385 ()
 Telephone Number (Candidate Committees Only)
Republican Support
 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
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)

Amendment

2