

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

## **Statement of Committee Organization**

Misspuri Ethics Commissipri Office Use:

DEC 22 2024

Received by Email

1. Statement information Date: 12/22/2024	
Type:  New  Amended (if amending, enter MEC ID (	C243183 & section changed Office Sought
2. Committee Information	
Kiehne for Missouri	
Name of Committee 723 Legends View Dr., Eureka, Mo. 63025	(314)602-3787
Committee Mailing Address, City, State, & Zip	St. Louis Co. Board of Elections
Committee Email Address  Committee Type:   Campaign   Candidate   Continu	County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
3. Treasurer/Deputy Treasurer Information	Market Market Market Control of the
Treasurer's Name (First & Last)	Treasurer's Email Address (optional)
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
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 commit Official Bank Account Information (required by all commit	
Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name Account Number
John Kiehne, 723 Legends View Dr, Eureka, Mo. 63025  Name & Malling Address, City, State & Zip of Candidate  August 4, 2026 Mo. State Rep. HD88	(314) 602-8323 () Telephone Number {Candidate Committees Only}
Election Date Office Sought & Political Subdivision	Political Party Support or Oppose
7. Ballot Measure Supported or Opposed (campaign committ	ees must complete this section)
Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose
Signature(s) – Check certification(s) & sign (required by all	committees)
I affirm and attest under penalty of perjury that information further acknowledge that I am aware that any false statements	on and facts in this report are complete, true, and accurate. Int or declaration made herein is punishable under Ch. 575 RSMo.
Committee Treasurer	Candidate (Candidate Committees Only)

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