



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # CO91155

OFFICE USE ONLY
60 *[Signature]*

STATEMENT DATE		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 18	
3. FULL NAME OF COMMITTEE <u>Citizens To Elect Mike Kehoe</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>PO Box 105527</u> CITY/STATE/ZIP: <u>Jefferson City, MO 65110</u>			5. TELEPHONE NUMBER <u>573-634-4195</u>		
6. TREASURER'S NAME <u>John Kehoe</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>2345 Hattings Place</u> CITY/STATE/ZIP: <u>Jefferson City, MO 65109</u>			8. TELEPHONE NUMBER HOME: <u>573-635-3736</u> WORK: <u>573-897-3634</u>		
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER.					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY/STATE/ZIP:			11. TELEPHONE NUMBER HOME: WORK:		
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE			13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO. <u>Central Bank</u> <u>238 Madison St.</u> <u>Jefferson City, MO 65101</u>					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> POLITICAL ACTION (PAC) <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY <u>Mike Kehoe</u> <u>3589 Gettysburg Pl ^{JE, MO} 65109</u> <u>573-634-4195</u> <u>R</u>					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION CHECK ONE <u>Mike Kehoe</u> <u>8/5/2014</u> <u>State Sen. Dist.</u> <u>Dist. 6</u> <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE					
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION CHECK ONE AMENDMENT <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE					
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>[Signature]</u> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>[Signature]</u> CANDIDATE'S SIGNATURE		

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DEC 10 2010

HAND DELIVERED