



Office Use: *bb ge*

# Statement of Committee Organization

**1. Statement Information**

Date: 11/25/2013  
 Type:  New  Amended (if amending, enter MEC ID C091155 & section changed 2)

**2. Committee Information**

**Citizens to Elect Mike Kehoe**  
 Name of Committee  
PO Box 105527 Jefferson City, MO 65110 (573) 634-4195  
 Committee Mailing Address, City, State, & Zip Telephone Number  
Cole County  
 Official Committee Email Address County Clerk or Board of Election Commissioners  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

**John Kehoe**  
 Treasurer's Name (First & Last) 2345 Hatting Place Jefferson City, MO 65109  
 Treasurer's Mailing Address, City, State, & Zip (573) 635-3736 (573) 897-3634  
 Treasurer's Email Address (optional) 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**

**AMENDMENT**  
 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)**

Name & Mailing Address, City, State, & Zip of Financial Institution Account Name ACCOUNT NUMBER

**6. Candidate Supported or Opposed (candidate committees must include self, if candidate)**

**Mike Kehoe** 3589 Gettysburg Place Jefferson City, MO 65109 (573) 634-4195 ( )  
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)  
08/5/2014 State Senate - District 6 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.

*John Kehoe* *Mike Kehoe*  
 Committee Treasurer Candidate (Candidate Committees Only)

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