



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: *[Signature]*

Statement of Committee Organization

1. Statement Information

Date: 5/20/2016
 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) 634-4195
 Telephone Number
 Cole County
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Charles E. Kruse
 Treasurer's Name (First & Last)
 1007 Woodland Dr Dexter, MO 63841
 Treasurer's Mailing Address, City, State, & Zip
 (573) 624-5297
 Treasurer's Home Telephone Number
 ()
 Treasurer's Work Telephone Number
 John Sheehan
 Deputy Treasurer's Name (if one appointed)
 3220 West Edgewood Ste E Jefferson City, MO 65109
 Deputy Treasurer's Mailing Address, City, State, & Zip
 (573) 893-8037
 Dep. Treasurer's Home Telephone Number
 (573) 635-6196
 Dep. Treasurer's Work Telephone Number

4. 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

Amendment

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 Place Jefferson City, MO 65109
 Name & Mailing Address, City, State & Zip of Candidate
 (573) 634-4195
 Telephone Number (Candidate Committees Only)
 08/4/2020
 Election Date
 Statewide office
 Office Sought & Political Subdivision
 Republican
 Political Party
 Support
 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.

[Signature]
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)

MISSOURI ETHICS COMMISSION