



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

Office Date: OCT 29 2018

HAND DELIVERED

**Statement of Committee Organization**

**1. Statement Information**

Date: 10-29-18  
 Type:  New  Amended (if amending, enter MEC ID C091155 & section changed 3)

**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  
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**

**Charles E. Kruse**  
Treasurer's Name (First & Last)  
1007 Woodland Dr. Dexter, MO 63841  
Treasurer's Mailing Address, City, State, & Zip  
Treasurer's Email Address (optional) \_\_\_\_\_  
(573) 624-5297 \_\_\_\_\_  
Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
Deputy Treasurer's Name (if one appointed) \_\_\_\_\_  
Deputy Treasurer's Email Address (optional) \_\_\_\_\_  
 \_\_\_\_\_  
Dep. Treasurer's Home Telephone Number 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~~ \_\_\_\_\_

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  
8/4/2020 Statewide Office (573) 634-4195 \_\_\_\_\_  
Election Date Office Sought & Political Subdivision 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 \_\_\_\_\_ Mike Kehoe \_\_\_\_\_  
Committee Treasurer Candidate (Candidate Committees Only)