



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

Office Use:  
7/16 NOV 16 2018 [Signature]

# Statement of Committee Organization

HAND DELIVERED

## 1. Statement Information

Date: 11/12/2018  
Type:  (New)  Amended (if amending enter MECID C180696 & section changed \_\_\_\_\_)

## 2. Committee Information

Name of Committee: KIEHNE FOR MISSOURI  
P.O. Box 93 ST. ALBANS, MO 63073 (314) 602-3787  
Telephone Number

County Clerk or Board of Election Commissioners: TIM BAKER

Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): JOHN KIEHNE  
Treasurer's Mailing Address, City, State, & Zip: 115 HORSESHOE VALLEY DR LABADIE, MO 63055 (314) 602-3787  
Treasurer's Home Telephone Number Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed): \_\_\_\_\_  
Deputy Treasurer's Mailing Address, City, State, & Zip: \_\_\_\_\_  
Deputy Treasurer's Home Telephone Number Deputy 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)

Name & Mailing Address (City, State, & Zip) of Candidate: JOHN KIEHNE 115 HORSESHOE VALLEY DR LABADIE, MO 63055 Telephone Number (Candidate Committees Only): (314) 602-3787  
Election Date: 08/02/2020 Office Sought & Political Subdivision: STATE REP HD109 Political Party: DEMOCRAT Support or Oppose: SUPPORT

## 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.  
Committee Treasurer: [Signature] Candidate (Candidate Committees Only): [Signature]