



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

Office Use:
MAY 15 2019
and

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 5/14/2019
Type: New Amended (if amending, enter MEC ID C180696 & section changed DBL 109-7110)

2. Committee Information

Name of Committee: KIETHNE FOR MISSOURI
P.O. Box 93 ST. ALBANS, MO 63073 Telephone Number: (314) 602-3787
Official Committee Email Address: TIM BAKER (C.C.)
County Clerk or Board of Election Commissioners

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, LABADE, MO 63075
Treasurer's Home Telephone Number: (314) 602-3787
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): AMENDMENT
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, LABADE, MISSOURI, 63075
Telephone Number (Candidate Committees Only): (314) 602-3787
Election Date: NOV 3 2020
Office Sought & Political Subdivision: STATE REPRESENTATIVE
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]