



MAY 11 2020

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: _____

Type: New Amended (if amending, enter MEC ID C091155 & section changed 6)

2. Committee Information

Citizens to Elect Mike Kehoe

Name of Committee

P.O. Box 105527 Jefferson City, MO 65110

(573) 634-4195

Telephone Number

Official Committee Email Address _____

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

Charles 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) _____

Deputy Treasurer's Mailing Address, City, State, & Zip _____

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, Jefferson City, MO 65109

Name & Mailing Address, City, State & Zip of Candidate

(573) 634-4195

Telephone Number (Candidate Committees Only)

August 4, 2020

Election Date

Lt Governor

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.

Charles E. Kruse
 Committee Treasurer

Mike Kehoe
 Candidate (Candidate Committees Only)