



OFFICE *of* ADMINISTRATION

AUTHORIZED SIGNATURES LIEUTENANT GOVERNOR

	LAST NAME	FIRST NAME, M	NOTES	STREET ADDRESS	CITY, STATE ZIP	EMAIL ADDRESS	OFFICE PHONE NO
SA	Loethen	Carolyn	Statewide	Capitol Building Room 224	Jefferson City, MO	Carolyn.Loethen@ltgov.mo.gov	573-751-4727
AA	Gresham	Adam	Statewide	Capitol Building Room 224	Jefferson City, MO	Adam.Gresham@ltgov.mo.gov	573-526-0530
AA	Kehoe	Mike	Lieutenant Governor	Capitol Building Room 224	Jefferson City, MO	Mike.Kehoe@ltgov.mo.gov	573-751-4727

*SA = SIGNATURE AUTHORITY

AA = APPOINTING AUTHORITY

POC = POINT OF CONTACT

