



Statement of Committee Organization

1. Statement Information

Date: 8-13-2020

Type: ☐ New ☒ Amended (if amending, enter MEC ID C091211 & section changed 3, 6)

2. Committee Information

Name of Committee

Committee Mailing Address, City, State, & Zip

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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

JOSEPH KEAVENY
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

6219 WESTMINSTER PL. ST. LOUIS, MO 63130
Treasurer's Mailing Address, City, State, & Zip

(314) 863-4060
Treasurer's Home Telephone Number

(314) 540-9805
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

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Dep. Treasurer's Home Telephone Number

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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)

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Name

Account Number

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

JOSEPH KEAVENY 6219 WESTMINSTER PL.
Name & Mailing Address, City, State & Zip of Candidate

(314) 863-4060
Telephone Number (Candidate Committees Only)

(314) 540-9805

AUGUST 6, 2024
Election Date

STATEWIDE OFFICE
Office Sought & Political Subdivision

DEMOCRAT
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.

Joseph P. Keaveny
Committee Treasurer

Joseph P. Keaveny
Candidate (Candidate Committees Only)