

C221990



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

MO Ethics Commission Office Use: APR 07 2022

Rec'd by

1. Statement Information

Date: 04/03/2022

Type: [X] New [] Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Friends of Ben Keathley

Name of Committee

15510 Olive Blvd, Suite 210 Chesterfield, MO 63017

Committee Mailing Address, City, State, & Zip

(636) 345-0629

Telephone Number

Official Committee Email Address

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

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

3. Treasurer/Deputy Treasurer Information

Alan Keathley

Treasurer's Name (First & Last)

15510 Olive Blvd, Suite 210 Chesterfield, MO 63017

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

Treasurer's Email Address (optional)

(636) 530-1278

Treasurer's Home Telephone Number

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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) [X] No

5. Official Bank Account Information (required by all committees)

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

Ben Keathley

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

08/02/2022

Election Date

State Rep. 101

Office Sought & Political Subdivision

(636) 345-0629

Telephone Number (Candidate Committees Only)

Republican

Political Party

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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)

[X] 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.

[Signature] Committee Treasurer

[Signature] Candidate (Candidate Committees Only)