

C091211



## 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:

AUG 15 2024

Rec'd by email

## 1. Statement Information

Date: 8-15-2024Type: ☐ New ☒ Amended (If amending, enter MEC ID C091211 & section changed 6)

## 2. Committee Information

Name of Committee \_\_\_\_\_

Committee Mailing Address, City, State, &amp; Zip \_\_\_\_\_

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

Treasurer's Name (First &amp; Last) \_\_\_\_\_

Treasurer's Email Address (optional) \_\_\_\_\_

Treasurer's Mailing Address, City, State, &amp; Zip \_\_\_\_\_

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, &amp; Zip \_\_\_\_\_

Dep. Treasurer's Home Telephone Number \_\_\_\_\_

Dep. Treasurer's Work Telephone Number \_\_\_\_\_

## 4. Additional Committee Information

Additional Committee Officer's Name &amp; Title (if any) \_\_\_\_\_

Amendment

Additional Committee Officer's Mailing Address, City, State, &amp; Zip \_\_\_\_\_

Connected Organization's Name (if any) \_\_\_\_\_

Connected Organization's Mailing Address, City, State, &amp; 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 &amp; Mailing Address, City, State, &amp; Zip of Financial Institution \_\_\_\_\_

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

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

JOSEPH KEAVENY  
6214 WESTMINSTER PI  
ST LOUIS MO 63130  
 Name & Mailing Address, City, State & Zip of Candidate

(314) 803-4000 (314) 540-9805  
 Telephone Number (Candidate Committees Only)

8-8-2028  
 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 &amp; Political Subdivision \_\_\_\_\_

Support or Oppose \_\_\_\_\_

## 8. Signature(s) - Check certification(s) &amp; 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)