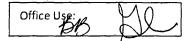


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



## **Statement of Committee Organization**

1.	Statement Information		
Date: 05/09/2016			2
	Type: New Amended (if amending, enter MEC ID C091211 & section changed 6		
2.	Committee Information		
	Joe Keaveny for Senate		
	6219 Westminster Place, St. Louis, MO 63130		(314) 863-4060
	Committee Mailing Address. City State 9 To	St. Louis Board of Ele	ection Commissioners
	Lings Audress	County Clerk or Board of Election Commissio	ners
	Committee Type: Campaign Candidate Continuing (P.	AC) Debt Service Explo	pratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	Treasurer's Mailing Address, City, State, & 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, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
	Additional Committee Information		
4.	Additional Committee Information	· · ·	
	Additional Committee Officer's Mailing Address, City, State, & Zip		ess, City, State, & Zip
	AWENDWEN		
	Connected Organization's Name (1994)	Connected Organization's Mailing Address, Ci	ty, State, & Zip
_	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on b	oack) No
5.	Official Bank Account Information (required by all committees)		
		A	
c	Name & Mailing Address, City, State, & Zip of Financial institution	Account Name	Account Number
υ.	Candidate Supported or Opposed (candidate committees must in Joseph (Joe) Keaveny	(314) 863-4060	, 314 , 725-8500
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees O	\/
	August 4, 2020 Statewide Office	Democrat	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7. Ballot Measure Supported or Opposed (campaign committees must complete this section)			
	Name of Bailot Measure	; Election Date & Political Subdivision	Support or Oppose
			заррок ог Оррозе
	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.		
	Committee Treasurer	Candidate (Candidate Committees Only)	<del></del>

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.