



Office Use: EBB JE

# Statement of Committee Organization

**1. Statement Information**

Date: 05/09/2016  
 Type:  New  Amended (if amending, enter MEC ID C091211 & section changed 6)

**2. Committee Information**

Joe Keaveny for Senate  
 Name of Committee  
6219 Westminster Place, St. Louis, MO 63130  
 Committee Mailing Address, City, State, & Zip  
(314) 863-4060  
 Telephone Number  
St. Louis Board of Election Commissioners  
 County Clerk or Board of Election Commissioners  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  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 \_\_\_\_\_

**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 (Joe) Keaveny (314) 863-4060 (314) 725-8500  
 Name & Mailing Address, City, State, & Zip of Candidate Telephone Number (Candidate Committees Only)  
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 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.

Raeon A. Keaveny \_\_\_\_\_ Joe P. Keaveny \_\_\_\_\_  
 Committee Treasurer Candidate (Candidate Committees Only)