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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Keegan 2002

ADDRESS (number and street)

P.O. Box 687

(Check if address  
is changed)

Peoria

AZ

85386-0687

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

www.keegan2002.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.keegan2002.com

2. DATE 06 10 2002

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Tom Milton

Signature of Treasurer

Date 06 10 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Tel Free 800-424-8880  
Local 202-694-1100

FEC FORM 1  
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate John C. Keegan

Candidate Party Affiliation Rep Office Sought  House  Senate  President State AZ District 02

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

8. Name of Any Connected Organization or Affiliated Committee

Name of Connected Organization or Affiliated Committee \_\_\_\_\_

Mailing Address \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

- Type of Connected Organization:
- Corporation
  - Membership Organization
  - Corporation with Capital Stock
  - Trade Association
  - Labor Organization
  - Cooperative

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name

Thomas Owen Milton

Mailing Address

13030 E. Escudra Road

Phoenix

AZ

85050

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

(602) 697-0167

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Thomas Owen Milton

Mailing Address

13030 E. Escudra Road

Phoenix

AZ

85050

Title or Position

CITY

STATE

ZIP CODE

Telephone number

(602) 697-0167

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK ONE

Mailing Address

9790 W. PEORIA AVENUE

PEORIA

AZ

85345

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲


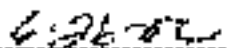
STATE ▲

ZIP CODE ▲

Federal Election Commission

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