

C151123



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

Accepted 5/5/24
Rec'd by email

1. Statement Information

Date: 5-1-24
Type: [] New [] Amended (if amending, enter MEC ID C151123 & section changed 6)

2. Committee Information

Name of Committee
Committee Mailing Address, City, State, & 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 & 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 Officers' 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

Amendment

CANDIDATES: Do you have more than one candidate committee? [] Yes (refer to instructions on back) [] No

5. Official Bank Account Information (Required by Candidates)

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)

Peter Merideth 3542 Chalmers St. St. Louis, MO 63118
Name & Mailing Address, City, State & Zip of Candidate
Telephone Number (Candidate Committees Only)
August 2026 Election Date
S.D.A. Office Sought & Political Subdivision
Democratic Political Party
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.
Committee Treasurer
Candidate (Candidate Committees Only)