



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Missouri Ethics Commission

Office Use:

APR 23 2025

Received by Email

1. Statement Information

Date: 12/21/2024

Type: ☐ New ☒ Amended (If amending, enter MEC ID C232553 & section changed 6)

2. Committee Information

VIOLET FOR MISSOURI

Name of Committee

62 Bartley St. Saint Peters, MO 63376

(636) 734-1883

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

Cynthia Priesmeyer

Treasurer's Name (First & Last)

2089 Williamstown Dr Saint Peters, MO 63376

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 496-8751

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

AMENDMENT

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. Candidate Support or Opposed (candidate committees must include self, if candidate)

Terri Violet, 62 Bartley St, Saint Peters, MO 63376

Name & Mailing Address, City, State & Zip of Candidate

August 4, 2026

Election Date

State Representative, District 104

Office Sought & Political Subdivision

(636) 734-1883

Telephone Number (Candidate Committees Only)

Republican

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)

☒ 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.

Cynthia Priesmeyer

Committee Treasurer

Terri Violet

Candidate (Candidate Committees Only)