

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

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Statement of Committee Organization

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1.	Statement Information Date: 07/01/2015				
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2.					
	Peter Merideth for MO Progress Name of Committee				
	2213 S. 39th St., St. Louis, MO 63110		(314) 307-2713		
	Committee Mailing Address, City, State, & Zip		Telephone Number		
		STL City Board of El	ection Commissioners		
	Enigii Audi 635	County Clerk or Board of Election Commissio			
	Committee Type: Campaign Candidate Continuing (P	AC) Debt Service Explo	pratory Political Party		
3.	Treasurer/Deputy Treasurer Information				
	Jennifer Gerstner				
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)			
	4227 Russell, St. Louis, MO 63110	(314)773-4872	()		
	Treasurer's Mailing Address, City, State, & Zip John Merideth	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)			
	4221 Russell, St. Louis, MO 63110	(314)771-0082	(314)307-7319		
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number		
ń	Additional Committee Information		1 At 1 At 1 At		
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	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip		
	Connected Organization's Name (if any)	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)				
	PMC				
ŝ.	Candidate Supported or Opposed (candidate committees must i	nclude self. if candidate)			
	Peter J. Merideth	(314)307-2713	()		
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees O	niy)		
	August 2016 State Rep - HD 80	Democrat	Support		
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose		
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)			
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose		
.	Signature(s) Check certification(s) & sign (required by all comm	ittees)			
	■ 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.				
	Our los Stept	1141 M	1		
į	Committee Treasurer	Candidate (Candidate Complittees Only)	<u>/</u>		
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MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted. Complete Complete

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