

Missouri Fthics Commission (MFC)

HAND DELIVERED

Statement of Committee Organization
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.go
Wilsouth Ethics Commission (WEC)

1.	Statement Information Date: 12/1/16			
	Type: ☐ New ☐ Amended (if amending, enter MEC ID C15	1123 & section cha	anged 3, 6	
2.				
	Peter Merideth for MO Progress			
	Name of Committee 2213 S 39th St.		(314)307-2713	
	6	OT 0' D	Telephone Number	
	Official Committee Email Address	STL City Board of Election Commission		
	Committee Type: 🛘 Campaign 🗏 Candidate 🗘 Continuing (PAC) 🗘 Debt Service 🗘 Exploratory 🗘 Political			
3.	Treasurer/Deputy Treasurer Information			
	Jennifer Gerstner			
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	4227 Russell Blvd	(314)249-4365	()	
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number	
	John Merideth			
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)		
	4221 Russell Blvd	₍ 314 ₎ 307-7319	()	
	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 Office'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	ity, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on h	pack)	
5.	Official Bank Account Information (required by all committees)		Jucky 2 110	
			(1)	
6.	Candidate Supported or Opposed (candidate committees must in	·		
	Peter Merideth, 3542 Crittenden St. St. Louis, MO 63118	(314)307-2713	()	
	Name & Malling Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees O	Only)	
	August 2018 State Rep -HD80	Democrat	Support	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees mu	ust 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)			
affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurat				
	further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSI			
	Committee Treasurer	Candidate (Candidate Committees Only)		

MO 300-1308 Packet (Rev. 12/2016)