

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

HAND DELIVERED

Statement of Committee Organization

1.	Statement Information		
	Date: 12-14-18 Type: □ New ■ Amended (if amending, enter MEC ID C151	123 & section cha	anged 2 + 6
2.	Committee Information		
	Peter Merideth for MO Progress		
	Name of Committee 3542 Crittenden St		(314)307-2713
		STL City	reseptione Number
	Official Committee Email Address	County Clerk or Board of Election Commissio	
	Committee Type: Campaign Candidate Continuing (P.	AC) 🗆 Debt Service 🗆 Explo	oratory
3.	Treasurer/Deputy Treasurer Information		
	Jennifer Gerstner Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	4227 Russell	(314)249-4365	<i>(</i>)
	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) 4221 Russell	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
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4. Additional Committee Information			
	Additional Committee Officer (Name of Title (it any))	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on	back) 🗷 No
5.	cial Bank Account Information (required by all committees)		
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must		
	Peter Merideth 3542 Crittender St. St. Louis, MO 63118 Name & Mailing Address, City, State & Zip of Candidate	(314) 307-2713 Telephone Number (Candidate Committees	()
	Aug 4, 2020 State Rep HD80	Democrat	Support
	Election Date Office Sought & Political Subdivision	Political Party	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 o	declaration made hereid is pun	ishable under Ch. 575 RSMo.
	Canalas Kerstna	114 /hutt	
	Compettee Treasures	Candidate (Candidate Committees Only)	

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

Form must be completed in full & contain original signature(s), fax filings are not accepted.