



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

Missouri Ethics Commission  
 Official Use:  
 OCT 18 2017

# Statement of Committee Organization

## 1. Statement Information

Date: 10.10.17

Type:  New  Amended (if amending, enter MEC-ID C171319 & section changed \_\_\_\_\_)

## 2. Committee Information

PUSH FORWARD  
 Name of Committee

232 Diekamp Ln. St. Charles, MO 63303  
 Committee Mailing Address, City, State, & Zip Telephone Number

Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party  
County Clerk or Board of Election Commissioners

## 3. Treasurer/Deputy Treasurer Information

Myles Littlejohn  
 Treasurer's Name (First & Last)

1370 Koel Ln Florissant, MO 63033  
 Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)  
(314) 337-3300  
 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 Officer's 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

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

## 5. Official Bank Account Information (required by all committees)

## 6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Rep. Joshua Peters 201 W. Capitol Ave  
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)  
Jefferson City, MO 65101  
11.0.18  
 Election Date  
House of Represent Democrat  
 Office Sought & Political Subdivision 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.

Committee Treasurer Candidate (Candidate Committees Only)