

C221814



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov
Statement of Committee Organization

MO Ethics Commission
Office Use:
JUN 21 2022
Rec'd by email

1. Statement Information

Date: 6/16/22
Type: [] New [x] Amended (if amending, enter MEC ID C221814 & section changed 3, 6)

2. Committee Information

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

Michael Gras
Treasurer's Name (First & Last)
4480 Maryland Ave.
Treasurer's Mailing Address, City, State, & Zip
n/a
Deputy Treasurer's Name (if one appointed)
Treasurer's Email Address (optional)
(314) 497-8373
Treasurer's Home Telephone Number Treasurer's Work Telephone Number
Deputy Treasurer's Email Address (optional)
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)

Name & Mailing Address, City, State, & Zip of Financial Institution Account Name Account Number

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

Michael Gras, 4480 Maryland Ave, St. Louis, MO 63108
Name & Mailing Address, City, State & Zip of Candidate
April 4, 2023 9th Ward Alderman
Election Date Office Sought & Political Subdivision
(314) 497-8373
Telephone Number (Candidate Committees Only)
Democrat Support
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)

[x] 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.

[Signature] Committee Treasurer [Signature] Candidate (Candidate Committees Only)