




Office Use:   
 Missouri Ethics Commission  
 OCT 18 2019

# Statement of Committee Organization

**1. Statement Information**

Date: 10/15/2019  
 Type:  New  Amended (if amending, enter MEC ID C000877 & section changed 2, 3, and 5)

**2. Committee Information**

Eighth Ward Independent Democratic Association  
 Name of Committee  
4985 Reber Pl, Apt. 1W, St. Louis, MO 63139 (314) 449-3612  
 Committee Mailing Address, City, State, & Zip Telephone Number  
City of St. Louis  
 County Clerk or Board of Election Commissioners  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

Joanna Grillas  
 Treasurer's Name (First & Last)  
4985 Reber Pl, Apt. 1W, St. Louis, MO 63139  
 Treasurer's Mailing Address, City, State, & Zip  
No deputy treasurer  
 Deputy Treasurer's Name (if one appointed)  
(314) 449-3612 (314) 449-3612  
 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**

AMENDMENT  
 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)**

Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)  
 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 declaration made herein is punishable under Ch. 575 RSMo.  
Joanna N. Grillas  
 Committee Treasurer Candidate (Candidate Committees Only)