



Office Use:
 C201156

Statement of Committee Organization

1. Statement Information

Date: 02/26/2020
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Josie Grillas for St Louis
 Name of Committee
4985 Reber Pl Apt 1W St Louis, MO 63139 (314) 449-3612
 Committee Mailing Address, City, State, & Zip Telephone Number
[REDACTED] St. Louis City Board of Elections
 Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee
 Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

<u>Kimberly Franks</u> Treasurer's Name (First & Last)	<u>[REDACTED]</u> Treasurer's Email Address (optional)
<u>4208 Flora Pl St Louis, MO 63110</u> Treasurer's Mailing Address, City, State, & Zip	<u>(314) 443-1091</u> _____ Phone 1 Phone 2
<u>Joanna Grillas</u> Deputy Treasurer's Name (if one appointed)	<u>[REDACTED]</u> Deputy Treasurer's Email Address (optional)
<u>4985 Reber Pl Apt 1W St Louis, MO 63139</u> Deputy Treasurer's Mailing Address, City, State, & Zip	<u>(314) 449-3612</u> _____ Phone 1 Phone 2

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)

[REDACTED] [REDACTED] [REDACTED]
 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)

<u>Joanna Grillas 4985 Reber Pl Apt 1W St Louis, MO 63139</u> Name & Mailing address, City, State, & Zip of Candidate	<u>(314) 449-3612</u> Phone 1	_____ Phone 2
<u>08/04/2020</u> Election Date	<u>Committeewoman/City of St. Louis</u> Office Sought & Political Subdivision	<u>Democrat</u> Political Party
		<u>Support or Oppose</u>

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)

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.
ELECTRONICALLY FILED Feb 26 2020 03:21 PM ELECTRONICALLY FILED Feb 26 2020 03:21 PM
 Committee Treasurer Candidate (Candidate Committees Only)