



Statement of Committee Organization

1. Statement Information

Date: 11.19.2012

Type: New Amended (if amending, enter MEC ID C 21468 & section changed _____)

2. Committee Information

Name of Committee: Friends of Christine Ingrassia

Committee Mailing Address, City, State, & Zip: 3017 Henrietta Street, St L MO 63104 Telephone Number: 314 541-4787

County Clerk or Board of Election Commissioners: St. Louis City

Committee Type: Campaign Candidate Debt Service Exploratory Political Action (PAC) Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): John Ingrassia

Treasurer's Mailing Address, City, State, & Zip: 3017 Henrietta Street, St L MO 63104 Treasurer's Home Telephone Number: 314 780-4080 Treasurer's Work Telephone Number: 314 780-4080

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)

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)

Name & Mailing Address, City, State & Zip of Candidate: Christine Ingrassia Telephone Number (Candidate Committees Only): 314 541-4787

Election Date: 03.05.2012 Office Sought & Political Subdivision: 6th ward Alderman / City of St Louis Dem Political Party: Democrat Support or Oppose: Support

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/We certify that this statement is complete, true and accurate.
 e-Filers: This committee is required by law to file with the MEC and will file all future campaign finance reports using the MEC's electronic filing system.

Committee Treasurer: [Signature]

Candidate (Candidate Committees Only): [Signature]