



Office Use: bb SL

Statement of Committee Organization

1. Statement Information

Date: 1/15/14
 Type: New Amended (if amending, enter MEC ID C121468 & section changed 3)

2. Committee Information

Name of Committee: Friends of Christine Ingrassia
 Committee Mailing Address, City, State, & Zip: 3017 Henrietta Street, St. Louis, MO 63104
 Telephone Number: (314) 5414787
 Official Committee Email Address: _____
 County Clerk or Board of Election Commissioners: St. Louis City Board of Elections
 Committee Type: Campaign Candidate Debt Service Exploratory Political Action (PAC) Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Christine Ingrassia
 Treasurer's Mailing Address, City, State, & Zip: 3017 Henrietta Street, St. Louis, MO 63104
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (314) 5414787
 Treasurer's Work Telephone Number: (314) 6223287
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 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): AMENDMENT
 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, 3017 Henrietta Street, St. Louis, MO 63104
 Telephone Number (Candidate Committees Only): (314) 5414787
 Election Date: March 2015
 Office Sought & Political Subdivision: 6th Ward Alderman
 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-File: 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]