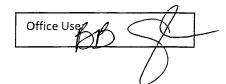


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information Date: 04/20/2015		
	Type: New Amended (if amending, enter MEC ID C1	21468 & section of	changed 2 & 6
2.		d Section 6	Silangeu
Friends of Christine Ingrassia			· · · · · · · · · · · · · · · · · · ·
	Name of Committee		214 541 4707
	2810 Michigan, St. Louis, MO 63118		(314)541-4787
		St LCity B	DE
	Official Committee Email Address	County Clerk or Board of Election Commis	
_	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party		
3.	Treasurer/Deputy Treasurer Information Christine Ingrassia	1	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	2810 Michigan, St. Louis, MO 63118	(314)541-4787	()
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (options	ai)
	Deputy Treasurer's Mailing Address, City, State, & Zip	() Dep. Treasurer's Home Telephone Numbe	() er Dep. Treasurer's Work Telephone Number
4	Additional Committee Information		
4.			
	Additional Commisses Of its // SName & Title (francy)	Additional Committee Officer's Mailing Ad	dress, City, State, & Zip
	\$ 45 A D ESWELL A M TOPE A D		A 201
	Connected Organization's Name (If any)	Connected Organization's Mailing Address	in o
5.	CANDIDATES: Do you have more than one candidate committee Official Bank Account Information (required by all committees		n back) [] No
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must		
	Christine Ingrassia Name & Mailing Address, City, State & Zip of Candidate	(314) 541-4787 Telephone Number (Candidate Committee	Cooks)
	March 5, 2019 Alderman Wand G	Democrat	Support
	Election Date Office Sought & Political Subdivision Office Sought & Political Subdivision 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	Floation Date & Delision Cub division	Support or Oppose
ı		Election Date & Political Subdivision	Support or Oppose
	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 RSM			
CElharan CEbrain		· M	
;	Committee Treasurer	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.

Page 1 of 3

Missouri Ethics Commission