



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

Office User *BB* *[Signature]*

Statement of Committee Organization

1. Statement Information

Date: 04/20/2015
 Type: New Amended (if amending, enter MEC ID C121468 & section changed 2 & 6)

2. Committee Information

Friends of Christine Ingrassia
 Name of Committee
2810 Michigan, St. Louis, MO 63118
 Address
(314) 541-4787
 Telephone Number
St. Louis BOE
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Christine Ingrassia
 Treasurer's Name (First & Last)
2810 Michigan, St. Louis, MO 63118
 Treasurer's Mailing Address, City, State, & Zip
(314) 541-4787
 Treasurer's Home Telephone Number
()
 Treasurer's Work Telephone Number
 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

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)

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)

Christine Ingrassia
 Name & Mailing Address, City, State & Zip of Candidate
March 5, 2019
 Election Date
Alderman Wardle
 Office Sought & Political Subdivision
City of St. Louis
Democrat
 Political Party
(314) 541-4787
 Telephone Number (Candidate Committees Only)
()
Support
 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.

[Signature]
 Committee Treasurer
[Signature]
 Candidate (Candidate Committees Only)