

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Solutia Inc. Citizenship Fund

ADDRESS (Home or street)

575 Maryville Centre Drive

X (Check if address is changed)

PO Box 66760

St. Louis

MO

63166

- 6760

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jestr1@solutia.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

314-874-2721

2. DATE 04 / 28 / 2003

3. FEC IDENTIFICATION NUMBER C C00328856

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Alan G. Faust

Signature of Treasurer Electronically Filed by Alan G. Faust Date 04 / 28 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-894-1110**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate	Office				State
Party Affiliation	Sought:	House	Senate	President	District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	Trade Association	Cooperative

Write or Type Committee Name

Solutia Inc. Citizenship Fund

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Janet E. Striker

Mailing Address 575 Maryville Centre Drive
P. O. Box 66760
St. Louis MO 63166 - 6760

Title or Position ▼ Paralegal CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 314 - 674 - 6959

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Alan G. Faust

Mailing Address 575 Maryville Centre Drive
St. Louis MO 63166 - 6760

Title or Position ▼ Dir, Public Affairs CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 314 - 674 - 4468

Full Name of Designated Agent Janet Striker

Mailing Address 575 Maryville Centre Drive
PO Box 66760
St. Louis MO 63166 -

Title or Position ▼ Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 314 - 674 - 6959

