

**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 (Number and street) (Check if address is changed)
575 Maryville Centre Drive
PO Box 66760
St. Louis MO 63166-6760
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
smcann@solutia.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
314-874-1585

2. DATE **10 / 18 / 2004**

3. FEC IDENTIFICATION NUMBER **C C00328856**

4. IS THIS STATEMENT NEW (N) OR 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 **10 / 18 / 2004**

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 Only				
-----------------------	--	--	--	--

For further information contact:
 Federal Election Commission
 Toll Free 800-424-9630
 Local 202-894-1100

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 Party Affiliation	Office Sought:	House	Senate	President	State 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 Susan M. Cannon

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

Title or Position ▼ PR Communications Sp CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 314 - 674 - 8521

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 Paul Berra III

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

Title or Position ▼ Chairman CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 314 - 674 - 3225

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

Customer Connection

Dallas

TX

75283 - 2406

CITY Δ

STATE Δ

ZIP CODE Δ