

# Citizenship Fund



Solutia Citizenship Fund  
575 Maryville Centre Drive  
P.O. Box 66760  
St. Louis, Missouri 63166-6760  
Tel 314-674-7518

February 23, 2001

Public Records Office  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20004

Dear Ladies and Gentlemen:

Re: Amendment to Statement of Organization  
Solutia Inc. Citizenship Fund a/k/a Solutia Citizenship Fund. FEC ID #C00328856

Attached is our Amendment to provide you with our e-mail address, per instructions in the February RECORD. We tried using FECFile Version 4 software for the electronic filing of this amendment, but encountered problems which have been reported to Detsy Malone in your office. We were advised yesterday by your information representative that we could send you a paper copy at this time. At a later date, when the problems encountered are resolved, we will file it electronically.

Sincerely,

A handwritten signature in black ink, appearing to read "Janet E. Striker". The signature is fluid and cursive, with a large loop at the beginning.

Janet E. Striker  
Assistant Treasurer

cc: B. L. Rusert  
G. R. Jernigan

Missouri Ethics Commission  
P. O. Box 1254  
Jefferson City, MO 65102

State Board of Elections  
P. O. Box 4187  
Springfield, IL 62708

RECEIVED  
FEC MAIL ROOM  
2001 FEB 26 P 12:42

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

RECEIVED  
FEC MAIL ROOM  
2001 FEB 26 P 12:42

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 A/K/A SOLUTIA CITIZENSHIP FUND

ADDRESS (number and street)

575 MARYVILLE CENTRE DRIVE

(Check if address  
is changed)

PO BOX 68780

ST LOUIS

MO

63188

6760

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jestri@solutia.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

02

22

2001

3. FEC IDENTIFICATION NUMBER

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

Janet E. Striker (Assistant Treasurer)

Signature of Treasurer

*Janet E. Striker*  
Janet E. Striker (Assistant Treasurer)

Date

02

22

2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1110

**FEC FROM 1**  
(Revised 9/2000)

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 A/K/A SOLUTIA 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

\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number

\_\_\_\_-\_\_\_\_-\_\_\_\_

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

\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number

\_\_\_\_-\_\_\_\_-\_\_\_\_

Full Name of  
Designated  
Agent

\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number

\_\_\_\_-\_\_\_\_-\_\_\_\_

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.

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Mailing Address

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CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

|   |                                      |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> Hand Delivered                                  | Date of Receipt<br><i>9-26-01</i>    |
| <input type="checkbox"/> First Class Mail   | POSTMARKED                           |
| <input type="checkbox"/> Registered/Certified Mail                                  | POSTMARKED (R/C)                     |
| <input type="checkbox"/> No Postmark  |                                      |
| <input type="checkbox"/> Postmark Illegible   |                                      |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                      |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                      |
| <input type="checkbox"/> Other ( Specify):  | Postmarked<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |                                      |
| <i>SM</i><br>PREPARER   | <i>9-26-01</i><br>DATE PREPARED      |