



Citizenship Fund

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

August 7, 2000

Public Records Office
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

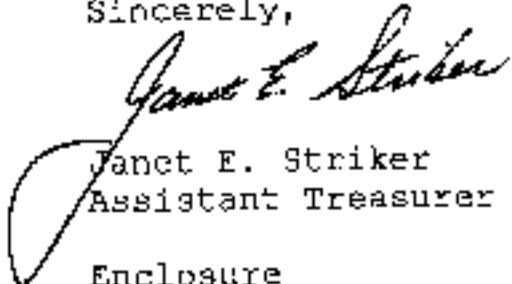
Identification Number: C00328856

Dear Sir:

Enclosed is a revised Statement of Organization (FEC Form 1) for the Solutia inc. Citizenship Fund a/k/a Solutia Citizenship Fund. The ID number is C00328856.

The revised Statement reflects the appointment of a new Treasurer. Please let me know if you need any additional information.

Sincerely,


Janet E. Striker
Assistant Treasurer

Enclosure

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

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

Elections Division
Office of the Secretary of State
30 East Broad Street, 14th Floor
Columbus, OH 43266-0418

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STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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| | |
|---|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Solutia Inc. Citizenship Fund a/k/a Solutia Citizenship Fund | 2. DATE August 7, 2000 |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 575 Maryville Centre Dr., P. O. Box 66760 | 3. FEC Identification Number COD328856 |
| (c) City, State and ZIP Code St. Louis, MO 63166-6760 | 4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

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 | State/District |
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|------------------------------|--------------|
| | | |

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

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 |
|-----------|-----------------|-------------------|
| | | |

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 | Mailing Address | Title or Position |
|-------------------|--|---------------------|
| Beth L. Rusert | 575 Maryville Centre Dr., P.O. Box 66760, St. Louis, MO 63166-6760 | Treasurer |
| Janet E. Striker | 575 Maryville Centre Dr., P. O. Box 66760, St. Louis, MO 63166-6760 | Assistant Treasurer |
| Glenn R. Jernigan | Glenn Jernigan & Associates, Ravenhill Executive Park, 2557 Ravenhill Drive, P.O. Box 1883, Fayetteville, NC 28302 | Assistant Treasurer |

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. | Mailing Address and ZIP Code |
|--------------------------------|------------------------------|
| | |

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 Beth L. Rusert | SIGNATURE OF TREASURER <i>Beth L. Rusert</i> | DATE August 7, 2000 |
|---|---|------------------------|

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.

For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-694-1100

FEBAN114PDF

FEC FORM 1
(revised 4/87)

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 type="checkbox"/> Hand Delivered | Date of Receipt |
| <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 checked="" type="checkbox"/> Other (Specify): <i>FedEx</i> | Postmarked <i>8-7-00</i> and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| <i>SL</i> PREPARER | <i>8-8-00</i> DATE PREPARED |