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Statement of Committee Organization

1. Statement Information

Date: Sept 1, 2014
 Type: New Amended (if amending, enter MEC ID C141494 & section changed 2 & 5 6. Political Party)

2. Committee Information

Name of Committee: Megan Green for the 15th Ward
 Committee Mailing Address, City, State: 3950 Parker Ave, St. Louis, MO 63116 Telephone Number: (314) 591-9587
 County Clerk or Board of Election Commissioners: St. Louis City Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Christine Torrey Park
 Treasurer's Mailing Address, City, State, & Zip: 4054 Potomac Street, St. Louis, MO 63116
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (314) 443-0404 Treasurer's Work Telephone Number: (314) 443-0404
 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

Additional Committee Officer's Name & Title: _____
 Additional Committee Officer's Mailing Address, City, State, & Zip: _____
 Connected Organization's Name (Party): _____
 Connected Organization's Mailing Address, City, State, & Zip: _____

AMENDMENT

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)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: Megan Ellyia Green, 3950 Parker Ave, St. Louis, MO 63116
 Telephone Number (Candidate Committees Only): (314) 591-9587
 Election Date: October 7, 2014 Office Sought & Political Subdivision: 15th Ward Alderman
 Political Party: Independent Support or Oppose: support

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.

Christine Torrey Park
 Committee Treasurer

Megan E. Green
 Candidate (Candidate Committees Only)