



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov
Statement of Committee Organization

Office Use: *HB* *JS*

1. Statement Information

Date: 8-3-2015 C001206
 Type: New Amended (if amending, enter MEC ID C01206 & section changed _____)

2. Committee Information

Name of Committee: Darlene Green for Comptroller
 Committee Mailing Address, City, State, & Zip: P.O. Box 1082 St. Louis, MO 63188 Telephone Number: (314) 609-6559
 Official Committee Email Address: NONE County Clerk or Board of Election Commissioners: St. Louis City
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): John Nicks Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: P.O. Box 1082 St. Louis MO 63188 Treasurer's Home Telephone Number: (314) 630-5096 Treasurer's Work Telephone Number: () same
 Deputy Treasurer's Name (if one appointed): NONE Deputy Treasurer's Email Address (optional): N/A
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____ Dep. Treasurer's Home Telephone Number: () Dep. Treasurer's Work Telephone Number: ()

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): NONE Additional Committee Officer's Mailing Address, City, State, & Zip: _____
 Connected Organization's Name (if any): AMENDMENT Connected Organization's Mailing Address, City, State, & Zip: _____

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: Darlene Green Telephone Number (Candidate Committees Only): (314) 609-6559 () same
 Election Date: 3-7-2017 Office Sought & Political Subdivision: Comptroller Political Party: Democrat 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.
 Committee Treasurer: John Nicks Candidate (Candidate Committees Only): Darlene Green