



Statement of Committee Organization

1. Statement Information

Date: 6-23-17

Type: New Amended (if amending, enter MEC ID C001206 & 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: _____

County Clerk or Board of Election Commissioners: City of St. Louis

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: _____

Deputy Treasurer's Name (if one appointed): N/A

Deputy Treasurer's Email Address (optional): _____

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 (if any): N/A

Additional Committee Officer's Mailing Address, City, State, & Zip: _____

Additional Committee Officer's Mailing Address, City, State, & Zip: _____

Connected Organization's Name (if any): _____

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 5703 Enright St. Louis, MO 63112

Telephone Number (Candidate Committees Only): (314) 609-6559

Election Date: 3/2/2021

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: N/A

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 E. Nicks

Candidate (Candidate Committees Only): Darlene Green