



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C111016

OFFICE USE ONLY

STATEMENT DATE March 24, 2011		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 18b	
3. FULL NAME OF COMMITTEE Committee To Elect Larry Arnowitz					
4. COMMITTEE MAILING ADDRESS ADDRESS: 7041 Radom CITY / STATE / ZIP: St Louis MO 63116			5. TELEPHONE NUMBER (314) 704-1566		
6. TREASURER'S NAME Ken Guelker					
7. TREASURER'S MAILING ADDRESS ADDRESS: 4115 Blow Street CITY / STATE / ZIP: St Louis MO 63116			8. TELEPHONE NUMBER HOME: (314) 277-1091 WORK:		
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP :			11. TELEPHONE NUMBER HOME: WORK:		
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE			13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION ACCOUNT NAME C. ACCOUNT NO.					
AMENDMENT					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> POLITICAL ACTION (PAC) <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME Larry Arnowitz	B. ADDRESS 7041 Radom St Louis MO 63116	C. TELEPHONE NO. (314) 704-1566	D. POLITICAL PARTY D		
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) Larry Arnowitz	B. ELECTION DATE 4/5/2011	C. OFFICE SOUGHT Alderman - Ward 12	D. POLITICAL SUBDIVISION City of St Louis	CHECK ONE E. SUPPORT F. OPPOSE <input checked="" type="checkbox"/> <input type="checkbox"/>	
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION		CHECK ONE E. SUPPORT F. OPPOSE <input type="checkbox"/> <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE		