



Statement of Committee Organization

1. Statement Information

Date: 2/16/2016
 Type: New Amended (if amending, enter MEC ID C111016 & section changed _____)

2. Committee Information

Name of Committee: FRIENDS OF LARRY ARNOWITZ
 Committee Mailing Address, City, State, & Zip: 7041 RADOM ST. ST LOUIS, Mo. 63116 Telephone Number: (314) 704-1566

Official Committee Email Address: _____ County Clerk or 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): KEN GUELKER
 Treasurer's Mailing Address, City, State, & Zip: 4115 Blow ST Louis, Mo 63116 Treasurer's Home Telephone Number: (314) 277-1091 Treasurer's Work Telephone Number: (314) 277-1091
 Deputy Treasurer's Name (if one appointed): N/A 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): N/A 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)

Name & Mailing Address, City, State, & Zip of Financial Institution: _____ Account Name: _____ Account Number: _____

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

Name & Mailing Address, City, State & Zip of Candidate: HARRY ARNOWITZ Telephone Number (Candidate Committees Only): (314) 704-1566
 Election Date: MARCH 2019 Office Sought & Political Subdivision: 12th Ward Alderman Political Party: DEMOCRAT Support or Oppose: _____

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: Candidate (Candidate Committees Only):