



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

Office: JAN 22 2019

Statement of Committee Organization

1. Statement Information

Date: 1-14-19
Type: [ ] New [X] Amended (if amending, enter MEC ID C111016 & section changed)

2. Committee Information

Name of Committee: Friends of Harry Arnowitz

Committee Mailing Address, City, State, & Zip: ( ) Telephone Number: ( )

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): Philomena M. Arnowitz
Treasurer's Email Address (optional):

Treasurer's Mailing Address, City, State, & Zip: 7041 Radom St Louis Mo. 63116
Treasurer's Home Telephone Number: (314) 704-2820
Treasurer's Work Telephone Number: ( )

Deputy Treasurer's Name (if one appointed): 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 & Title (if any): AMENDMENT
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)

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: Telephone Number (Candidate Committees Only): ( ) ( )

Election Date: Office Sought & Political Subdivision: Political Party: 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)

[X] 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.

Signature: Philomena M. Arnowitz
Committee Treasurer: Candidate (Candidate Committees Only):