



Missouri Ethics Commission  
 APR 02 2019

# Statement of Committee Organization

**1. Statement Information**

Date: 3/29/2019  
 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): \_\_\_\_\_ Treasurer's Email Address (optional): \_\_\_\_\_  
 Treasurer's Mailing Address, City, State, & Zip: \_\_\_\_\_ Treasurer's Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ 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  
 Connected Organization's Name (if any): \_\_\_\_\_  
 Additional Committee Officer's Mailing Address, City, State, & Zip: \_\_\_\_\_  
 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)**

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.

Phelomena Crumley Committee Treasurer  
Larry Arnowitz Candidate (Candidate Committees Only)