



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

Missouri Ethics Commission
 Office Use:
 1171642 NOV 08 2017 *DR*

Statement of Committee Organization

1. Statement Information

Date: 10/25/2017

Type: New Amended (if amending, enter MEC ID A 171468 & section changed _____)

2. Committee Information

Committee to Elect Laura Arnold

Name of Committee

101 Mason Avenue Webster Groves, MO 63119

Committee Mailing Address, City, State, & Zip

(314) 504-1012

Telephone Number

St. Louis County Board of Elections

County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Emmy McClelland

Treasurer's Name (First & Last)

455 Pasadena Webster Groves, MO 63119

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 962-1796

Phone 1

Phone 2

Marilyn Powers

Deputy Treasurer's Name (if one appointed)

623 Elbart Avenue Webster Groves, MO 63119

Deputy Treasurer's Mailing Address, City, State, & Zip

Deputy Treasurer's Email Address (optional)

(314) 662-2938

Phone 1

Phone 2

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

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)

Laura Arnold 101 Mason Avenue Webster Groves, MO 63119

Name & Mailing address, City, State, & Zip of Candidate

(314) 504-1012

Phone 1

(314) 918-1918

Phone 2

04/03/2018

Election Date

Council Person/City of Webster Groves

Office Sought & Political Subdivision

Non-Partisan

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.

Emmy McClelland
 Committee Treasurer

Laura W. Arnold
 Candidate (Candidate Committees Only)

Form must be completed in full & contain original signature(s), fax filings are not accepted.