MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C010110

OFFICE USE ONLY

STATEMENT DATE	TYPE OF STATEMENT (CHECK ONE)	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
1-14-06	☐ NEW ☒ AMENDED	#4, 5, 6, 7, 8

3. FULL NAME OF COMMITTEE: Gaw for Missouri

4. COMMITTEE MAILING ADDRESS
ADDRESS: 4407 Fall River Drive
CITY / STATE / ZIP: Columbia MO 65203

5. TELEPHONE NUMBER: 573-449-7907

6. TREASURER'S NAME: Lissa Gaw-Orscheln

7. TREASURER'S MAILING ADDRESS
ADDRESS: 4407 Fall River Dr
CITY / STATE / ZIP: Columbia MO 65203

8. TELEPHONE NUMBER
HOME: 573449-7907
WORK: 573-424-7793

9. DEPUTY TREASURER'S NAME ☒ CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS
ADDRESS:
CITY / STATE / ZIP:

11. TELEPHONE NUMBER
HOME:
WORK:

AMENDMENT

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?
☐ YES ☐ NO ☒ N/A

14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)

A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION	B. ACCOUNT NAME	C. ACCOUNT NO.
Central Bank 238 Madison Jefferson City	Gaw for Missouri	0168432

15. TYPE OF COMMITTEE
☒ CANDIDATE ☐ POLITICAL PARTY ☐ CONTINUING ☐ CAMPAIGN ☐ EXPLORATORY ☐ DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)

A. NAME	B. ADDRESS	C. TELEPHONE NO.	D. POLITICAL PARTY

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)

A. NAME	B. ADDRESS

18. CANDIDATES SUPPORTED OR OPPOSED

A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT	F. OPPOSE
				☐	☐

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
			☐	☐

16. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

Lissa Gaw-Orscheln
TREASURER'S SIGNATURE

17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

MISSOURI ETHICS COMMISSION
JAN 19 2006

CANDIDATE'S SIGNATURE

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