



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

Missouri Ethics Commission

Office Use SEP 08 2020

Statement of Committee Organization

1. Statement Information

Date: 09/03/20
 Type: New Amended (if amending, enter MEC ID C010110 & section changed 6)

2. Committee Information

Gaw for Missouri
 Name of Committee
4407 Fall River Drive
 Committee Mailing Address, City, State, & Zip
Columbia MO 65203
4407 Fall River Drive
 Committee Mailing Address, City, State, & Zip
573 2686701
 Telephone Number
Ronda Miller
 Official Committee Email Address
 County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Melissa Gaw-Orscheln
 Treasurer's Name (First & Last)
4407 Fall River Drive, Columbia MO 65203
 Treasurer's Mailing Address, City, State, & Zip
4407 Fall River Drive, Columbia MO 65203
 Treasurer's Mailing Address, City, State, & Zip
573 2686701
 Treasurer's Home Telephone Number
573 2686701
 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)

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

Name & Mailing Address, City, State & Zip of Candidate
08/06/2024
 Election Date
 Office Sought & Political Subdivision
 Telephone Number (Candidate Committees Only)
 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.

[Signature]
 Committee Treasurer
[Signature]
 Candidate (Candidate Committees Only)