



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # CO10110

OFFICE USE ONLY
lpm **LT**

STATEMENT DATE		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE <u>Gaw for Missouri</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>4407 Fall River Dr</u> CITY / STATE / ZIP: <u>Columbia MO 65203</u>				5. TELEPHONE NUMBER <u>573-449-7907</u>	
6. TREASURER'S NAME <u>Lissa Gaw-Orschel</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>4407 Fall River Dr</u> CITY / STATE / ZIP: <u>Columbia MO 65203</u>				8. TELEPHONE NUMBER HOME: <u>573-449-7907</u> WORK: <u>573-256-6456</u>	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:				11. TELEPHONE NUMBER HOME: WORK:	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)					
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <u>Central Bank</u> <u>238 Madison</u> <u>Jefferson City MO 65101</u>		B. ACCOUNT NAME <u>Gaw for Missouri</u> <u>Citizens for Steve Gaw</u>		C. ACCOUNT NO.	
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME <u>Steve Gaw</u>		B. ADDRESS AMENDMENT		C. TELEPHONE NO. <u>573-449-7907</u>	D. POLITICAL PARTY <u>D</u>
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) <u>Steve Gaw</u>		B. ELECTION DATE <u>2010</u>	C. OFFICE SOUGHT <u>Statewide</u>	D. POLITICAL SUBDIVISION <u>Statewide</u>	CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>
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 <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Lissa Gaw-Orschel</u> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. _____ CANDIDATE'S SIGNATURE		