

MISSOURI ETHICS COMMISSION STATEMENT OF COMMITTEE ORGANIZATION

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OFFICE USE	ONLY
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CONTRACTOR OF THE PARTY.	NOTE OF STATEMENT	OLEOV OUR					
STATEMENT DATE 8/9/2010	TYPE OF STATEMENT (AMENDED	IF AMENDED, LIST ITEMS CHANGE 18B	ED (LINE NUMBERS)			
3. FULL NAME OF COMMITTEE Gaw for Missouri							
4. COMMITTEE MAILING ADDRESS ADDRESS: 4407 Fall River Driv CITY/STATE/ZIP: Columbia, MO 652	5. TELEPHONE NUMBER 573-424-7793						
6. TREASURER'S NAME Lissa Gaw-Orsch	· ·- 		 				
TREASURER'S MAILING ADDRESS ADDRESS: 4407 Fall River Driv CITY/STATE/ZIP: Columbia, MO 652	8. TELEPHONE NUMBER HOME: 573-424-7793 WORK: 573-424-7793						
9. DEPUTY TREASURER'S NAME	CHECK IF NO DE	PUTY TREASURER		-			
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP :			11. TELEPHONE NUMBER HOME: WORK:				
12. OTHER COMMITTEE OFFICERS (IF ANY)	DRESS	C. TITLE	13. IF CANDIDATE HAS OTT THIS COMMITTEE DESI AGGREGATING COMMI	GNATED AS THE			
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.							
15. TYPE OF COMMITTEE							
CANDIDATE POLITICAL PARTY 16. CANDIDATE SUPPORTED (CANDIDATE CO A. NAME	CONTINUING MMITTEES ONLY) B. ADDRESS	▼ CAMPAIGN	C. TELEPHONE NO.	POLITICAL D. PARTY			
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAMÉ B. ADDRESS							
	TION DATE C. OF	FICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE E SUPPORT F. OPPOSE			
19. BALLOT MEASURE(S) SUPPORTED OR OPI A. NAME(S) OF MEASURE(S)	POSED (B. ELECTION DAT	E C. SUBJECT A	UND POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT F. OPPOSE			
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLE ACCURATE.	<u> </u>		NISSOURI FINICE AUG 1	RUE AND			
TERMINITERS SIGNATURE		CANDIDATES	SIGNATURE	CO-1-6-2			