



**MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # 6010110

OFFICE USE ONLY  
*BB* *DD*

STATEMENT DATE	TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED.	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <i>16</i>
3. FULL NAME OF COMMITTEE <i>GAW For Missouri</i>		
4. COMMITTEE MAILING ADDRESS ADDRESS: CITY / STATE / ZIP :		5. TELEPHONE NUMBER
6. TREASURER'S NAME		
7. TREASURER'S MAILING ADDRESS ADDRESS: CITY / STATE / ZIP :		8. TELEPHONE NUMBER HOME: WORK:
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 B. ACCOUNT NAME C. ACCOUNT NO.

**AMENDMENT**

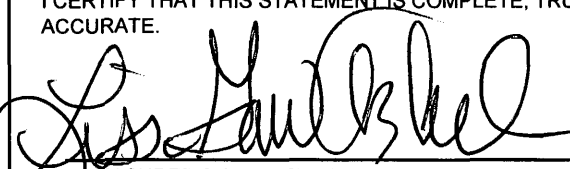
15. TYPE OF COMMITTEE  
 CANDIDATE  POLITICAL PARTY  POLITICAL ACTION (PAC)  CAMPAIGN  EXPLORATORY  DEBT SERVICE

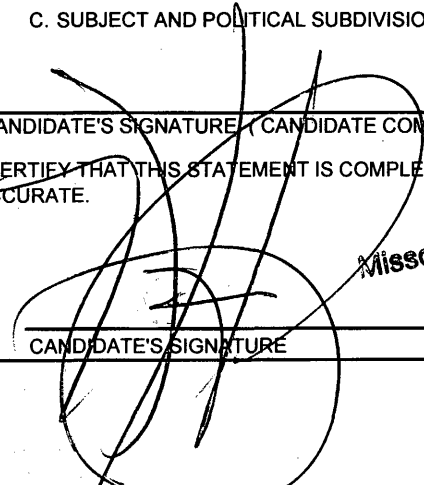
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)  
 A. NAME: *Gaw for Missouri* B. ADDRESS: *1200 Country Club 382 Hts* C. TELEPHONE NO.: *576 896 6858* D. POLITICAL PARTY:

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

20. COMMITTEE TREASURER'S SIGNATURE  
 I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  
  
 TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)  
 I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  
  
 CANDIDATE'S SIGNATURE

Missouri Ethics Commission  
AUG 01 2011