MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID# C010110

OFFICE USE ONLY

STATEMENT DATE	TYPE OF STATEMENT (CHECK ONE) ☐ NEW ☒ AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 16

3. FULL NAME OF COMMITTEE: Gaw For Missouri

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 ☐ 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?
☐ 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.

AMENDMENT

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

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)

A. NAME	B. ADDRESS	C. TELEPHONE NO.	D. POLITICAL PARTY
Gaw for Missouri	1200 County Rd 382 Holts Summit	576 896-6888	

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 0 1 2011