



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

Office Use: BJS DL

Statement of Committee Organization

1. Statement Information

Date: 11/25/13
 Type: New Amended (if amending, enter MEC ID 2010-2010110 & section changed 5)

2. Committee Information

Name of Committee: GAW For Missouri
 Committee Mailing Address, City, State, & Zip: 4407 Fall River Dr Columbia MO
 Telephone Number: 573.424.7793

Official Committee Email Address: _____
 County Clerk or Board of Election Commissioners: _____
 Committee Type: Campaign Candidate Debt Service Exploratory Political Action (PAC) Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): _____
 Treasurer's Mailing Address, City, State, & Zip: _____
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: _____
 Treasurer's Work Telephone Number: _____
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Deputy Treasurer's Email Address (optional): _____
 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)

Address, City, State, & Zip of Financial Institution: _____
 Account Number: _____

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

Name & Mailing Address, City, State & Zip of Candidate: _____
 Telephone Number (Candidate Committees Only): _____
 Election Date: _____ Office Sought & Political Subdivision: _____
 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/We certify that this statement is complete, true and accurate.
 e-File: This committee is required by law to file with the MEC and will file all future campaign finance reports using the MEC's electronic filing system.

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