

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

Statement of Committee Organization

1. Statement Information			
	Date: 6-16-16		
	Type: New Amended (if amending, enter MEC ID c010110 & section changed 2, 6		
2.	Committee Information		
	Gaw for Missouri		
	Name of Committee		
	4407 Fall River Drive		(573 ₎ 2686701
	Committee Mailing Address, City, State, & Zip	D : 11 1 1 0	Telephone Number
	Columbia, MO 65203	Denise Hubbard, Ca	
	Official Committee Email Address	County Clerk or Board of Election Commission	
	Committee Type: 🗸 Campaign 📗 Candidate 📗 Continuing (PAC) 📗 Debt Service 📗 Exploratory 📗 Political Party		
3.	Treasurer/Deputy Treasurer Information		
	Lissa Gaw-Orscheln		
	Treasurer's Name (First & Last)	Ficeauter a Linear Address Johnson	
	4407 Fall River Drive	(573 ₎ 2686701	₍ 573 ₎ 2566450
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Columbia, MO 65203		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
			()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	And the Control of th		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Add	ress, City, State, & Zip
		Amendment	•
	Connected Organization's Name (If any)	Connected Organization's Mailing Address, C	ity, 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)		
6.		include colf if appellates)	
Ο.	Candidate Supported or Opposed (candidate committees must		
	Name & Mailing Address, City, State & Zip of Candidate	() Telephone Number (Candidate Committees (()
_	-01-01- 2018	valephone (Manuscriptania)	,
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
-,	Y-1		
7.	Ballot Measure Supported or Opposed (campaign committees r	nust complete this section)	
	5-17-18-18-18-18-18-18-18-18-18-18-18-18-18-		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	mittees)	
	I affirm and attest under penalty of perjury that information ar	nd facts in this report are comple	ete, true, and accurate. I
	further acknowledge that I am aware that any false statement or		
	Lissa Gaw-Orschein & Do Marie V	_ 1 X7	
	Committee Treasurer	Candidate/Candidate/Committees Oply)	