

Offisethes 12020



## **Statement of Committee Organization**

1.	Statement Information  Date: 9/11/2020		
		0754 Secretion of	2.3.6
2.			
Bill Hardwick for Missouri Name of Committee			
	P.O. Box 4262, Waynvesville, MO, 65583		(573)433-6238
		Pulaski County Cle	erk
	Official Committee Email Address	County Clerk, Board of Election Commissione	
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (P	PAC) 🗆 Debt Service 🗀 Expl	oratory
3.	Treasurer/Deputy Treasurer Information .		
	Joshua (Josh) Mize		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	PO. Box 4262, Waynesville, MO, 65583	<sub>1</sub> 573 <sub>1</sub> 433-6238	1 1
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Jessica Spencer		
	Deputy Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address (optional)	
	PO. Box 4262, Waynesville, MO, 65583	1573 1433-6238	/ 1
-	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	ditional Committee Officer's Name & Title (if any)  Additional Committee Officer's Mailing Address City Chabo 9. 71		
	Amendment	a state of the sta	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Cl	tv. State. & Zip
	CANDIDATES: Do you have more than one candidate committee?		
5.	CANDIDATES: Do you have more than one candidate committee?   Yes (refer to instructions on back)  No Official Bank Account Information (required by all committees)		
	Name & Malling Address, City, State, & Zip of Financial Institution	Account Name	Account Number
5.	Candidate Supported or Opposed (candidate committees must i	nclude self, if candidate)	Account Manager
	Bill Hardwick, 19767 Loyd Lane, Waynesville, MO, 65583	(573 \433-6238	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	inly)
	Nov. 3, 2020 State Representative, HD 122	Republican	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees mu	ust complete this section)	
i	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
Signature(s) Check certification(s) & sign (required by all committees)			
I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate.			te true and accurate
further asknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSN			shable under Ch. 575 RSMo.
	(3/200 mg)		
Committee Total Candidate Committees Only)			