

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

Missouri Ethics Commission

Statement of Committee Organization

1.	Statement Information Date: 7/17/2020	The state of the s	
	Type: New Amended (if amending, enter MEC ID C190754 & section changed Deputy Treasurer Infromation		
2.	Committee Information		
	Bill Hardwick for Missouri		
	P.O. Box 4262, Waynvesville, MO, 65583	· · · · · · · · · · · · · · · · · · ·	(314)328-4538
		Pulaski County Cle	erk
	Utilicial Committee Email Address	County Clerk, Board of Election Commissione	
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party		
3.	reasurer/Deputy Treasurer Information		
	Joshua (Josh) Mize		_
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	044 000 4700
	P.O. Box 4262, Waynesville, MO, 65583 Treasurer's Mailing Address, City, State, & Zip	()	(314 ₎ 328-4538
	Jessica Spencer	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	P.O. Box 4262, Waynesville, MO, 65583	/	(314)328-4538
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Winds of Rule (Franchis)	Additional Committee Officer's Mailing Address, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	City, State, & Zip
5.	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information (required by all committees)	☐ Yes (refer to instructions on	back) 🖃 No
6.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
	Bill Hardwick, 19767 Loyd Lane, Waynesville, MO, 65583	(314)328-4538	/ \
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	Only)
	08/04/2020 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 m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	Signature(s) Check certification(s) & sign (required by all comm	nittees)	
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I		
	rther acknowledge that I am aware that any false statement or declaration made herein is pynishable under Ch. 575 RSMo.		
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	Completee Treasurer	Candidate (Candidate Committees Only)	