

Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Statement Information	· - · · · · · · · · · · · · · · · · · ·	λ_{con}	
Date: March 29, 2022		00754	2.6
	nended (if amending, enter MEC ID $C1$	90754 & section cl	hanged 3,6
Committee Information Bill Hardwick for			<u> </u>
P.O. Box 4262	Waynesville, Missouri 655	583	(573)433-6238
Committee Mailing Address, City, St	ate, & Zip		Telephone Numbe:
arrican our mance continues agencies		Pulaski County Cl	
	ampaign 🗏 Candidate 🗀 Continuing		oners, or Federal PAC/Out of State Committee Dioratory □ Political Party
Treasurer/Deputy Tre	asurer Information	*****	
Joshua(Josh)N	lize		
Treasurer's Name (First & Last)		Treasurer's Email Address (optional)	
P.O. Box 4262, Waynesville, Missouri Treasurer's Mailing Address, City, State, & Zip		(573)433-6238	()
No Deputy Tre		Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one ap		Deputy Treasurer's Email Address (options	21)
		()	()
Deputy Treasurer's Mailing Address	, City, State, & Zip	Dep. Treasurer's Home Telephone Numbe	er Dep. Trescurer's Work Telephone Num
Additional Committee	Information	A STATE OF THE STA	
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Additional Committee Officer's Name & Title (if any)		Additional Committee Officer Live In Ad	endment
Connected Organization's Name (if any)		Connected Organization's Mailing Address, City, State, & Zip	
CANDIDATES: Do you h	have more than one candidate committe	e? 🛘 Yes (refer to instructions or	n back) 🔲 No
Official Bank Account	Information (required by all committee	s) '	et indicate
, F	The second of th		Suite INURIDEL
Candidate Supported	or Opposed (candidate committees mu	st include self, if candidate)	
Bill Hardwick, P.O. Box 4262, Waynesville, MO 65583		(573 ₎ 433-6238	()
Name & Mailing Address, City, State 8/2/2022	c & Zip of Candidate State Representative, HD 121	Telephone Number (Candidate Committee Republican	Support
Election Date	Office Sought & Political Subdivision	Political Party	Support or Oppose
Ballot Measure Suppo	rted or Opposed (campaign committees	s must complete this section)	
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose
		-millions)	
Signature(s) - Check o	ertification(s) & sign (required by all cor	minutees)	