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HAND DELIVERED



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

Office Use:
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Statement of Committee Organization

1. Statement Information

Date: 01/04/2019

Type: [X] New [] Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Bill Hardwick for Missouri

Name of Committee

P.O. Box 4262 Waynesville, MO 65584

Committee Mailing Address, City, State, & Zip

(314) 328-4539

Telephone Number

Pulaski County Clerk

County Clerk or Board of Election Commissioners

Committee Type: [] Campaign [X] Candidate [] Continuing(PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Joshua Mize

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

P.O. Box 4262 Waynesville, MO 65583

Treasurer's Mailing Address, City, State, & Zip

(314) 328-4539

Phone 1

Phone 2

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Phone 1

Phone 2

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? [] Yes (refer to instructions on back) [X] No

5. Official Bank Account Information (required by all committees)

N

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

Bill Hardwick 19767 Loyd Lane Waynesville, MO 65583

Name & Mailing address, City, State, & Zip of Candidate

(314) 328-4539

Phone 1

Phone 2

08/04/2020

State

Republican

Support

Representative/Missouri

House of Representatives

Political Party

Support or Oppose

Election Date

Office Sought & Political Subdivision

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 affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

[Signature]
Committee Treasurer

[Signature]
Candidate (Candidate Committees Only)

Form must be completed in full & contain original signature(s), fax filings are not accepted.