



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

Office Use: SW

Statement of Committee Organization

MISSOURI ETHICS COMMISSION

1. Statement Information

Date: July 23, 2015

JUL 23 2015

Type: New Amended (if amending, enter MEC ID C151132 & section changed _____)

2. Committee Information

Hawley for Missouri

Name of Committee

PO Box 1073, Columbia, MO 65205

Committee Mailing Address, City, State, & Zip

(573) 823-4211

Telephone Number

Official Committee Email Address

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Joshua Hawley

Treasurer's Name (First & Last)

PO Box 1073, Columbia, MO 65201

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

Treasurer's Email Address (optional)

(573) 823-4211

Treasurer's Home Telephone Number

()

Treasurer's Work Telephone Number

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

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) No

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

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

Joshua Hawley, 5215 E. Highway 163, Columbia, MO 65201

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

(573) 8234211

Telephone Number (Candidate Committees Only)

August 2, 2016

Election Date

Attorney General

Office Sought & Political Subdivision

Republican

Political Party

Support

Support or Oppose

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.

Committee Treasurer

Candidate (Candidate Committees Only)