Secretary of the Senate-Public Records
232 Hart Senate Building
Washington, DC 20510

Phone-202-224-3121

To Whom It May Concern:

Enclosed is the FEC Form 1 Statement of Organization for the newly created Josh Hawley Senate Exploratory Committee.

Please let me know if you have any questions 704-668-1993.

Thanks

Salvatore Purpura
Treasurer
Josh Hawley Senate Exploratory Committee
FEC FORM 1

STATEMENT OF ORGANIZATION

NAME OF COMMITTEE (in full)  
Josh Hawley Senate Exploratory Committee

ADDRESS (number and street)  
7253 Watson Rd  
PMB #1069  
St Louis  
MO  
63119

COMMITTEE'S E-MAIL ADDRESS  
salipurpura2010@gtmsi.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

DATE  
08-02-2017

FEC IDENTIFICATION NUMBER  
C

IS THIS STATEMENT  
X NEW (N) OR  
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer  
Salvatore Purpura

Signature of Treasurer  

Date  
08-02-2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.
5. TYPE OF COMMITTEE

Candidate Committee:

(a) [x] This committee is a principal campaign committee. (Complete the candidate information below.)

(b) [ ] This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Joshua David Hawley

Candidate Party Affiliation

REP

Office Sought:

House [x] Senate [ ] President [ ]

State

MO

District

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate


Party Committee:

(d) [ ] This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(a) [ ] This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

□ Corporation

□ Corporation w/o Capital Stock

□ Labor Organization

□ Membership Organization

□ Trade Association

□ Cooperative

□ In addition, this committee is a Lobbyist/Registrant PAC.

(f) [ ] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

□ In addition, this committee is a Lobbyist/Registrant PAC.

□ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] FEC ID number

2. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] FEC ID number

3. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] FEC ID number

4. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] FEC ID number

C

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6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY STATE ZIP CODE

Relationship: [ ] Connected Organization  [ ] Affiliated Committee  [ ] Joint Fundraising Representative  [ ] Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name  Salvatore Pupura

Mailing Address  c/o 6234 Pumpernickel Lane

Monroe,  NC  28110  -  

Title or Position  CITY  STATE  ZIP CODE

Treasurer  Telephone number  704 - 668 - 1993

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer  Salvatore Pupura

Mailing Address  c/o 6234 Pumpernickel Lane

Monroe,  NC  28110  -  

Title or Position  CITY  STATE  ZIP CODE

Treasurer  Telephone number  704 - 668 - 1993
Full Name of Designated Agent

Mailing Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Title or Position

Telephone number

<table>
<thead>
<tr>
<th>Phone Number</th>
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</thead>
</table>

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

<table>
<thead>
<tr>
<th>Bank Name</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chain Bridge Bank</td>
<td>1445-A Laughlin Ave</td>
</tr>
<tr>
<td>McLean</td>
<td>1210 McLean</td>
</tr>
</tbody>
</table>

Name of Bank, Depository, etc.

<table>
<thead>
<tr>
<th>Bank Name</th>
<th>Mailing Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
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</table>

<table>
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<tr>
<th>Phone Number</th>
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THE PRECEDING DOCUMENT WAS:

HAND DELIVERED __________________________ Date of Receipt

USPS FIRST CLASS MAIL __________________________ Date of Receipt

USPS REGISTERED/CERTIFIED __________________________ Postmark

USPS PRIORITY MAIL __________________________ Postmark

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USPS EXPRESS MAIL __________________________ Postmark

OVERNIGHT DELIVERY SERVICE:

FEDERAL EXPRESS 08/03/17 □

UPS □

DHL □

AIRBORNE EXPRESS □

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FAX __________________________ Date of Receipt

OTHER __________________________ Date of Receipt or Postmark

PREPARER □ DATE PREPARED 08/07/17