FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED 2012 JAN 25 AM 11: 55 Office Use Quikter EP						
1. NAME OF COMMITTEE (ir	n full) (Check if name Example: If typing, type is changed) over the lines.	EEC MAIL CERTER 12FE4M5						
Henşley for Ço	ngress							
	_ ; _ , _ , _ , _ , _ , _ , _ , _ , _ ,							
ADDRESS (number a	ind street)							
(Check if a is changed)		MO 64083						
	СІТҮ	STATE ZIP CODE						
COMMITTEE'S E-MA	AIL ADDRESS (Please provide only one e-mail address)							
(Check if is change								
COMMITTEE'S WEE								
2. DATE 01. 3. FEC IDENTIFI	CATION NUMBER							
4. IS THIS STATE								
I certify that I have Type or Print Name	examined this Statement and to the best of my knowledge and belief it is of Treasurer Harold Caskey	s true, correct and complete.						
Signature of Treasur	er	Date 01. 19. 20.12.						
	ANY CHANGE IN INFORMATION SHOULD BE REPORTED WIT							
Office Use Only	For further information cor Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100							

FEC Form 1 (Revised 02/2009)

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5.	TYPE	OF C	DMMITTEE								
	Candidate Committee:										
	(a) 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 Candi		Teresa Hensley								
	Candi Party	idate Affiliatio	on Dem Office Sought: X House Senate President State MO District 4								
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.										
	Name Candi										
	Party	y Com	mittee:								
	(d)	D	This committee is a (National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.								
	Polit	ical A	ction Committee (PAC):								
	(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:								
	(0)	لي	Corporation Corporation w/o Capital Stock Labor Organization								
			Membership Organization Trade Association Cooperative								
			In addition, this committee is a Lobbyist/Registrant PAC.								
	(f)	D	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	Fund	raising 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)	۵	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.								
		Comr	nittees Participating in Joint Fundraiser								
		1.									
		2.									
		3.	FEC ID number								
		4.									

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Write or Type Committee Name

Hensley for Congress

6.	Name of Any Connected C	Drganization, Affiliated Committee, Joint F	undraising Representative, or	Leadership PAC Sponsor
I				
L				
	Mailing Address			
	-			
				 - !
		CITY	STATE	ZIP CODE
	Relationship: Connected	d Organization	Joint Fundraising Representative	E Leadership PAC Sponsor
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number op	tional) and position of the perso	on in possession of committee
	Full Name	Sudduth		
	Mailing Address	PO Box 620		
		Raymore	ΜΟ	64083
	Title or Position	CITY	STATE	ZIP CODE
	Finançe Aşsistant		Telephone number 81,6	
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	e treasurer of the committee; an	d the name and address of
	Full Name of Treasurer	Caşkey		
	Mailing Address			
		Raymore	ΜΟΙ	64083 <mark></mark> - [
	Title or Position	CITY	STATE	ZIP CODE
			Telephone number 816	_ β92, <u>_</u> 5974

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Full Name of Designated Agent	Sarah _i S	udduth					11	1	l	L	1	1.1	1	I.		.1	1	1	I		1		1	1	11
Mailing Address		PQ Box	620 1	<u></u>			<u></u>				1					1	1	1	1	1. 1			1	1	<u>i I</u>
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		Raymor	Ç i 			<u> </u>	1_1	_1_	1.		1			Ŋ	۱Ç	וו		64	108	33 ₁			·L	1	LL
				С	ITY									ST	ATE					Z	ΖIΡ	CO	DE		
Title or Position Assistant Tr	reasurer	1 1 1	1 1 1		<u>I</u>				-	Tele	pho	ne	านก	nper		B	1 ₁ 6	1]-	76	9		5	34	<u>9</u>

9.

Banks or Other Depositorles: 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.

Comm	unity Bank of Raymore		
Mailing Address	801,W. Foxwood, Drive		
	L		
	Raymore	MO	64083.
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked USPS First Class Mail Postmarked (R/C) **USPS Registered/Certified** Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail Postmark Illegible** No Postmark **Shipping Date Overnight Delivery Service (Specify):** Next Business Day Delivery Date of Receipt **Received from House Records & Registration Office** Date of Receipt **Received from Senate Public Records Office** Date of Receipt **Received from Electronic Filing Office** Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED (3/2005)

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