For help completing Form 1, please double-click the icon next to each line number.

FEC FORM 1	STATEMEN ORGANIZA Amendec	ATION	'2012 FEB	CEIVED 21 AM 11:44		
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	AILUENIER		
Hensley for Congress			<u> </u>			
ADDRESS (number and street)	PO Box 620		<u>IiI</u> I			
(Check if address						
is changed)	Raymore		MO 64	083		
	(CITY	STATE	ZIP CODE		
COMMITTEE'S E-MAIL ADDRI	ESS (Please provide only one e-	mail address)				
COMMITTEE'S WEB PAGE ADDRESS (URL)						
2. DATE 01. 19	2012					
3. FEC IDENTIFICATION NUMBER						
4. IS THIS STATEMENT 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 Harold Caskey						
Signature of Treasurer Date 01 19 2012 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §4379.						
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS						
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)		

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FEC Form 1 (Revised 02/2009)

5.	5. TYPE OF COMMITTEE				
	Candidate Committee:				
	(a)	\times	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 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				
	Part	y Com	mittee:		
	(d)	D	This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.		
	Polit	ical A	ction Committee (PAC):		
	(e)	Π	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:		
	(0)	i	Corporation Corporation w/o Capital Stock Labor Organization		
			Membership Organization		
			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 e Leadership PAC. (Identify sponsor on lice 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.			
		2.			
		3.			
		4.			
			ในแปลงเป็นแห่งใหม่เป็นสาวการสาวการสาวการสาวการสาวการสาวการสาวการสาวการสาวการสาวการสาวการสาวการสาวการสาวการสาวก		

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Write or Type Committee Name		
Hensley for Congress		<u> </u>
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	PAC Sponsor
	<u> </u>	
Mailing Address		
	CITY STATE Z	P CODE
Relationship:	d Organization Affiliated Committee Joint Fundraising Representative	ership PAC Sponso
Gamma 7		
. Custodian of Records: Ider books and records.	tify by name, address (phone number optional) and position of the person in posse	ssion of committee
Full Name Sarah	Sudduth,	
	IPO Box 620	· · · · · · ·
Mailing Address		
	Raymore MO64083	└─┛╾┖─┴─┴─
Title or Position	CITY STATE ZI	P CODE
Finance Assistant	Telephone number 81,6 769	5349
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name issistant treasurer).	and address of
Full Name of Treasurer	Caşkey	
Mailing Address	PO Box 620,	
	Raymore	· _ , , ,
	CITY STATE ZIF	P CODE
Title or Position		

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FEC Form 1 (Revised 02/2

Full Name of Designated Agent	Sarah, Sudduth			
Mailing Address	PO Box 620			
۲ •	Raymore CITY	MO 6 STATE		
Title or Position Assistant Ti		hone number 81,6]-[769]]-[5349]]	
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.				
Community Bank of Raymore				
Mailing Address	801 W. Foxwood Drive			
			<u> </u>	
	Raymore	MO6	4083	
	CITY	STATE	ZIP CODE	
Name of Bank, I	Depository, etc.			
Mailing Address				
			<u></u>]-[]	
	CITY	STATE	ZIP CODE	

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

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USPS Express Mail	Postmarked		
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D Other (Specify):	Date of Receipt or Postmarked		
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