11030690679

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

12011 NOV 15 AM 11: 36
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12FE4M5

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

DALE HOINOSK	(I FOR PRE	SIDENT	2012				
ADDRESS (number and street)	P.O. BOX	11					
(Check if address is changed)	GREENW	OOD		МО	64	1034	0011
		CITY		STATE		ZIP C	ODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only	y one e-mail addre	ss)				
(Check if address is changed)							
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	oress (url.) www.facel	book.com	n/Hoinoski	2012	•		
2. DATE 11 6	2011						
3. FEC IDENTIFICATION NU	JMBER	c 004421	29				
4. IS THIS STATEMENT	NEW (N)	OR 🔀	AMENDED (A)				
I certify that I have examined th	is Statement and to the	ne best of my kno	wledge and belief i	t is true, co	rrect and	complete.	
Type or Print Name of Treasure	, Erica L. D	Davis					
Signature of Treasurer				Date	11	06	2011
NOTE: Submission of false, errone	ous, or incomplete infor	mation may subjec	t the person signing	this Stateme	nt to the	penalties of	2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

	Office			For further information contact:	FEC FORM 1	
1	Use			Federal Election Commission Toll Free 800-424-9530	(Revised 02/2009)	
	Only		 	Local 202-694-1100	(

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TYPE OF	COMMITTEE						
Candidat	e Committee:						
(a) X	This committee is a princip	oal campaign committe	ee. (Complete	the candida	ate infor	mation belov	v.)
(b)	This committee is an authorintormation below.)	orized committee, and	is NOT a prin	cipal camp	aign cor	nmittee. (Co	mplete the candidate
Name of Candidate	DALE MICHA	LEL HOINOS	KI				
Candidate	38153	Office		_			State
Party Affilia	tion IND	Sought: Ho	ouse	Senate	×	President	District
(c)	This committee supports/op	oposes only one cand	lidate, and is N	NOT an aut	horized	committee.	•
Name of Candidate							
Party Co	mmittee:						
(d)	This committee is a	•	al, State ordinate) comm	ittee of the			(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC)):					
(e)	This committee is a separa	ate segregated fund. (Identify connec	ted organiza	ation on	line 6.) Its co	onnected organization is a
	Corporation		Corporation	w/o Capita	ıl Stock		Labor Organization
	Membership Organ	nization	Trade Assoc	ciation			Cooperative
	In additten, t	this committee is a Lol	bbyist/Registra	nt PAC.			
(1)	This committee supports/or committee. (i.e., nonconnective.)		e Federal cand	didate, and	is NOT	a separate	segregated fund or party
	In addition, this com	mittee is a Lobbyist/Re	egistrant PAC.				
	In addition, this com	nmittea is a Leaderahip	PAC. (Identify	sponsor on	line 6.)		
Joint Fun	draising Representative) :					
(g)	This committee collects cont committees/otganizations, a						
(h)	This committee collects cont committees/organizations, n						two or more political
Cor	nmittees Participating in Jo	oint Fundraisor					
1.				FEC II	D numb	er C	
2.	·			FEC II	D numb	er C	
3.				FEC II	D numb	er C	
4				FEC II	D numb	er C	·

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Write or Type Com	mittee Name ·				
. Name of Any C	Connected Organization, Affiliated	Committee, Join	nt Fundraising Representati	ve, or Leadership	PAC Sponsor
Mailing Address					
		CITY	STATE	ZI	P CODE
Relationship:	Connected Organization Affilia	ted Committee	Joint Fundraising Represe	ntative Leade	ership PAC Sponso
Custodian of Rebooks and record	ecords: Identify by name, address (phone number	optional) and position of the	person in posses	ssion of committe
Full Name	ERICA L. DAVIS				
Mailing Address	P.O. Box 11			l	
	GREENWOO	D	МО	64034	0011
Title or Position		CITY	STATE	ZII	CODE
TREASU	RER		Telephone number	816 377	7799
	ne name and address (phone numb agent (e.g., assistant treasurer).	er optional) of	the treasurer of the committ	ee; and the name	and address of
Full Name of Treasurer	ERICA L. DAVIS				
Mailing Address	1508 NORTH	MULLEN	AVENUE		
	RAYMORE		МО	64083	
Title or Position		CITY	STATE	ZIF	CODE
TREASURE	R		Telephone number	816 377	7799

Full Name of Designated

Agent

DALE MICHAEL HOINOSKI

Mailing Address

1200 COTTONWOOD DRIVE

GREENWOOD

MO

64034

8630

CITY

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

816

456

9729

 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.

COMMERANCE BANK

Mailing Address

301 SOUTH EAST HIGHWAY 291

LEE SUMMIT

MO

64063

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Malling Address

CITY

STATE

ZIP CODE

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 **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**

(3/2005)