



MISSOURI ETHICS COMMISSION
COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY

M.E.C. ID NO.

1. FULL NAME OF COMMITTEE HEROISHERO PARTY FOR NOBLE, MAYOR		2. DATE OF REPORT 2-28-09		3. DATE OF DISSOLUTION N/A	
4. TREASURER'S NAME AND ADDRESS SANDRA QUEEN NOBLE PhD 920 S. National Avenue, Apt.1 Sprngfld., mo 65804-2800		5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS Sandra Queen Noble PhD 920 S. National Avenue, Apt.1 Sprngfld., mo 65804-2800			
7. DISPOSAL OF SURPLUS FUNDS					
<input type="checkbox"/> CHECK IF NO SURPLUS REMAINED UPON TERMINATION					
8. DISTRIBUTION OF SURPLUS FUNDS		9. CHECK IF COMMITTEE HAD NO DEBTS UPON TERMINATION			
A. NAME AND ADDRESS OF RECIPIENT		B. DATE OF TRANSFER		C. AMOUNT	
A. NAME OF CREDITOR		B. DESCRIBE DISPOSAL OF DEBT		C. AMOUNT	
<p>QUEEN NOBLE IS THE CREATOR AND FOUNDER OF THE HEROISHERO PARTY AND WILL NOT TERMINATE HER PARTIES NOBLE DONT OWN NOTHING BUT THE RENT.</p>					
8. TREASURER VERIFICATION OF DISSOLUTION:		9. CANDIDATE VERIFICATION OF DISSOLUTION: (CANDIDATE COMMITTEE ONLY)			
I CERTIFY THAT THE ABOVE NAMED COMMITTEE WAS DISSOLVED ON THE DATE INDICATED AND THAT ALL REQUIREMENTS FOR TERMINATION UNDER SECTIONS 130.021.8 AND 130.046.7 RSMo HAVE BEEN MET.		I CERTIFY THAT THE ABOVE NAMED COMMITTEE WAS DISSOLVED ON THE DATE INDICATED, AND THAT ALL REQUIREMENTS FOR TERMINATION UNDER SECTIONS 130.021.8 AND 130.046.7 RSMo HAVE BEEN MET.			
TREASURER'S SIGNATURE _____		CANDIDATE'S SIGNATURE _____			

MISSOURI ETHICS
COMMISSION
MAR 05 2009



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. **C081455**

1. DATE OF REPORT	OFFICE USE ONLY
02-28-09	<i>[Signature]</i>

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE HELPING EQUAL RIGHTS OPPORTUNITY & SHE'S HELPING EQUAL RIGHTS OPPORTUNITY THE H.E.R.O. AND S.H.E.R.O. PARTY, FOR NOBLE	
3. COMMITTEE MAILING ADDRESS 920 S. NATIONAL AVENUE, APT. 1	4. COMMITTEE TELEPHONE NUMBER or call 417-864-1653
CITY / STATE / ZIP springfield, mo 65804-2800	<small>noble hates phones, write something using your racial postal (see maxine "crack cocaine" waters 35th dist. SCla. ca)</small>
5. TREASURER'S NAME SANDRA QUEEN NOBLE PhD	7. TREASURER'S TELEPHONE NUMBER or call 417-864-1653
6. TREASURER'S MAILING ADDRESS 920 S. NATIONAL AVENUE, APT. 1	<small>Queen noble hates phones, write something using your racial postal system (see maxine "crack cocaine" waters 35th dist. SCla. ca)</small>
CITY / STATE / ZIP springfield, mo 65804-2800	or call 417-864-1653
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER SANDRA QUEEN NOBLE PhD	
9. DEPUTY TREASURER'S MAILING ADDRESS 920 S. NATIONAL AVENUE, APT. 1	10. DEPUTY TREASURER'S TELEPHONE NUMBER or call 417-864-1653
CITY / STATE / ZIP springfield, mo 65804-2800	<small>Queen Noble hates phones write something using your racial postal system (see maxine "crack cocaine" waters)</small>
11. DATE OF ELECTION 2-3-09	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT. FROM 01-23-09 THROUGH 02-28-09	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY. SANDRA QUEEN NOBLE PhD 920 S. NATIONAL AVENUE, APT. 1 springfield, mo 65804-2800 SANDRA QUEEN NOBLE PhD MAYOR SPRINGFIELD, MO	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> 8 DAYS BEFORE <input checked="" type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> ANNUAL SUPPLEMENTAL JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____ 20__
<input type="checkbox"/> CHECK IF INCUMBENT	MISSOURI ETHICS COMMISSION MAR 05 2009
<input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/> S.H.E.R.O.	
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <i>[Signature]</i>	17. CANDIDATE'S SIGNATURE (CANDIDATE/COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <i>[Signature]</i>
TREASURER'S SIGNATURE	CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE	DATE OF REPORT	OFFICE USE ONLY
THE H.E.R.O. AND S.H.E.R.O. PARTY FOR NOBLE Mayor	02-28-09	

RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED	\$ 87.37	\$ 87.37	MONEY ON HAND	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 0	0		
3. ALL LOANS RECEIVED THIS PERIOD	+ 0	0		
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ 0	0		
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 0	0	25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$.95
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ 0	0	26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ 6.95
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 0	0	27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	- 0
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- 0	0	a) Disbursements By Check \$ 0	
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)	\$ 87.37	\$ 87.37	b) Disbursements By Cash \$ 0	
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 674.95
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED	\$ 112.84	\$ 112.84	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 0			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ 0			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 14.96			
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 127.80		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 127.80	30. LOANS RECEIVED THIS PERIOD	+ 0
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	31. NEW DEBTS INCURRED THIS PERIOD	+ 0
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0	32. PAYMENTS MADE ON LOANS THIS PERIOD	- 0
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0	0	33. CREDITS RECEIVED ON LOANS THIS PERIOD	- 0
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ 0	0	34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- 0
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0	0	35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 0
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)	0	\$ 0		
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ 0	0		
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ 0	0		
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ 0	0		
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0	0		

FedEx Kinko's

FedEx Kinko's
1722 S Glenstone Ste A
Springfield, MD 65804-1513
(417) 886-2679

9/27/2008 3:22:17 PM CST
Trans.: 4933 Branch: 0193
Register: 005 Till: jf9821
Team Member: Jessica F.

SALE



FS BW SS Standard 1.00 T
0001 10.00 @ 0.1000

Sub-Total	1.00
Deposit	0.06
Tax	0.08
Total	1.06
Cash	1.06
Total Tender	1.06
Change Due	0.00

\$1.06

Thank you for visiting

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Customer Copy

DOLLAR GENERAL STORE #02530
 216 S GLENSTONE AVE
 SPRINGFIELD, MO 65802-3103
 (417) 866-0488

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WE WANT TO KNOW ABOUT YOUR SHOPPING EXPERIENCE TODAY AT WAL-MART.

Please complete a survey about today's store visit at:

<http://www.survey.walmart.com>

You will need to enter the following online:

ID #: 799XCD4T84K

IN RETURN FOR YOUR TIME YOU COULD RECEIVE ONE OF FIVE \$1000 WALMART SHOPPING CARDS

Must be 18 or older and a legal resident of the 50 US or DC to enter. No purchase necessary to enter or win. To enter without purchase and for complete official rules visit www.onrwy.survey.walmart.com. Sweepstakes period ends on the date shown in the official rules. Survey must be taken within TWO weeks of today.

Esta encuesta también se encuentra en español en la página del Internet

THANK YOU



WE SELL FOR LESS
 MANAGER STEVE BINAM
 (417) 887-0855

ST# 0444 OP# 00007419 TR# 26 TR# 06688
 LEX. 1 073464695902 22.97 X ✓
 ALLERGY MED 068113177675H 1.97 X
 EQ SLEEP AID 068113169993H 1.97 X
 SUBTOTAL 26.91
 TAX 1 6.650 % 1.84
 TOTAL 28.75
 DEBIT TEND 28.75
 CHANGE DUE 0.00

EFT DEBIT PAY FROM PRIMARY
 ACCOUNT : 9214
 28.75 TOTAL PURCHASE
 REF # 901100085460
 NETWORK ID. 0071 APPR CODE 257809
 01/11/09 11:52:10

3 ITEMS SOLD 3

TC# 0596 3054 3498 1682 4308



Get Free Holiday Savings by Call! Dial 8887 or visit walmart.com/mobileinfo
 01/11/09 11:52:16

BGE 5000 SHEET 4 ROL 3.00 S
 070524018911-1
 MULTI PURP PAPER 200 2.50 S ✓
 000671121127-3
 JIFFY CORN MUFFIN MJ E 0.40 N
 072486002205-1
 JIFFY CORN MUFFIN MJ E 0.40 N
 072486002205-1
 BALSAM #599 ULT LT N 3.00 S
 381513819595-3
 AJAX W BLCH RUBY RED 1.00 S
 035000498380-1
 BLACK EYE PEAS E 1.25 N
 072579001061-1
 15 BEAN SOUP MIX E 1.75 N
 072579001139-1
 CLOROX BLEACH REG 96 2.00 S
 044600024523-1

SUBTOTAL \$15.30
 Tax1 \$0.79
 Tax2 \$0.15
TOTAL \$16.24
 CASH \$10.00
 Visa/Debit \$6.24

*****9214
 AUTH# 454533
 REFERENCE# 31454533

ITEMS 9
 2009-01-02 17:18:51 02530 02 3319



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\$250

\$22.97

Budget PRINTING

INVOICE NO.

2500-A. South Holland
Springfield, Missouri 65807
(417) 883-9759

NAME 6 pages short

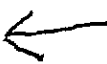
DATE 10-14-08

only 18 copies

QTY.	DESCRIPTION	AMT.
24	Copies	1.20
SUB TOTAL		1.20
TAX		.08
TOTAL		1.28
DEPOSIT		
BAL DUE		

If turned over for collection you take the risk of damaging your credit. Please pay by our terms.

\$1.28



Invoice/ Date Due _____

RECEIVED

108 DEC 29 12:29

COUNTY CLERK

Please pay from this invoice.

OFFICE DEPOT
3111 S Glenstone Rd
Springfield, MO 65804
417-887-7432

SALE STR0106 REG001 TRN9927
10/31/08 13:11 EMP 530985 POS 5.068

734646959025
CRG.LXMRK 18C0781 21.99 **\$21.99**
CPN 845078815 \$OFF -2.49
CPN 845078815 \$OFF -2.49
You Pay 17.01

735854983543
PPR.COPY.OD.REAM 4.49
CPN 845078815 \$OFF -0.51
CPN 845078815 \$OFF -0.51
You Pay 3.47
SUBTOTAL 20.48
MO 6.85% SALES TAX 1.40
TOTAL 21.88
DEBIT 9214 21.88

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En Español

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Walmart
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WE SELL FOR LESS
MEMBER SAVE DISCOUNT
417-887-0036
STC-644 OPO 00003016 TED 70 TRD 02265
PRODUCT SERIAL 0 8223220000
DJ F4235 000442013179 45.00 X
SUBTOTAL 45.00
TAX 1 6.08 3.03
TOTAL 51.03
\$48.08 DEBIT TEND 48.03
CHARGE BLE 0.00



EFT DEBIT PAY FROM PRIMARY
ACCOUNT : 9214
40.00 TOTAL PURCHASE
REF 0 030800572120
METHOD ID: 0071 CAPP DATE 065441
10/31/08 12:51:00

8 ITEMS SOLD 1



TCO 2240 0230 0014 3849 5934
Get hundreds of more points tips.
Visit colcart.com/oloverpass
10/31/08 12:51:12

DISCOUNT TONER SPRINGFIELD
 3318 S NATIONAL AVE
 SPRINGFIELD, MO 65807
 417-882-7090

Discount Toner & Ink
 3318 South National Avenue
 Springfield, Missouri 65807-7305
 V: 417-882-7090 F: 417-882-7896

Sale

ID: 00602201 Ref #: 6006
 12/18/08 14:23:08
 Batch #: 658

VISA
 XXXXXXXXXXXX5214
 Acct Code: 012288
 Total: \$ 14.96

Invoice #: 024517
 \$ 14.96

PH. NO.		DATE	
CHARGE	ON ACCT.	AMOUNT RETD.	PAID OUT
DESCRIPTION		PRICE	AMOUNT
			14.96
			86
			14.96
		\$14.96	
RECEIVED BY		TAX	
		TOTAL	

VIS

Handwritten calculations and markings in the table's right-hand columns.

No. 024517

ALL CLAIMS AND RETURNED GOODS
 MUST BE ACCOMPANIED BY THIS BILL

GP-152-3
 PRINTED IN U.S.A.

Thank You

COUNTER INVOICE



Discount Toner & Ink
3318 South National Avenue
Springfield, Missouri 65807-7305
V: 417-882-7090 F: 417-882-7896

NAME							<i>Plat</i>									
ADDRESS							<i>Plat</i>									
PH. NO.				DATE			<i>1/30/09</i>									
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT	MDSE RETD.	PAID OUT										
QTY.	DESCRIPTION					PRICE	AMOUNT									
<i>1</i>	<i>18C0781</i>						<i>14.00</i>									
							<i>26</i>									
							<i>14.96</i>									
<i>Vis</i>							TAX									
							RECEIVED BY					TOTAL				

No. 025008

ALL CLAIMS AND RETURNED GOODS
MUST BE ACCOMPANIED BY THIS BILL.

Thank You

09-008329154
62-4071021

Baker's
ASSURING ASSETS

PAY EXACTLY
PAY TO THE
ORDER OF Jack and Eldra Thomas

Sandra Thomas 920 S. National Springfield Mo

RECEIVED BY DEPOSIT TO YOUR ACCOUNT TO THE TIPS ON THE SERVICE USE

The Rent
for Apt. 1
920 S. National
Springfield mo
65804-2800

⑆02⑆00400⑆ 4009008329154⑈

LOAD THIS DIRECTION, THIS SIDE UP

MONEY ORDER RECEIPT - NON NEGOTIABLE

Elect 157.61 For 2-1-09
Truck 50.00 to 3-1-09
Rent 365.00

LOAD THIS DIRECTION, THIS SIDE UP

PLEASE TO RETURN THIS MONEY ORDER RECEIPT IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. PURCHASE AGREEMENT: You, the purchaser, agree that Integrated Payment Systems Inc. (IPS) need not stop payment on, or replace or refund a lost or stolen IPS Money Order unless (1) you fill in the back of the Money Order at the time of purchase and (2) you report the loss or theft to IPS in writing immediately, and (3) you provide IPS with the original Money Order receipt issued by Integrated Payment Systems Inc., Englewood, Colorado. For customer service, call 1-800-958-2525.

* 09008329154 *

09-008329155
62-4071021

Baker's
ASSURING ASSETS

PAY EXACTLY
PAY TO THE
ORDER OF Jack & Eldra Thomas

Sandra Thomas 920 S. National Springfield Mo

RECEIVED BY DEPOSIT TO YOUR ACCOUNT TO THE TIPS ON THE SERVICE USE

⑆02⑆00400⑆ 4009008329155⑈

LOAD THIS DIRECTION, THIS SIDE UP

MONEY ORDER RECEIPT - NON NEGOTIABLE

Elect 157.61 For 2-1-09
Truck 50.00 to 3-1-09
Rent 365.00

LOAD THIS DIRECTION, THIS SIDE UP

PLEASE TO RETURN THIS MONEY ORDER RECEIPT IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. PURCHASE AGREEMENT: You, the purchaser, agree that Integrated Payment Systems Inc. (IPS) need not stop payment on, or replace or refund a lost or stolen IPS Money Order unless (1) you fill in the back of the Money Order at the time of purchase and (2) you report the loss or theft to IPS in writing immediately, and (3) you provide IPS with the original Money Order receipt issued by Integrated Payment Systems Inc., Englewood, Colorado. For customer service, call 1-800-958-2525.

* 09008329155 *



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE THE H.E.R.O./S.H.E.R.O. PARTY FOR SANDRA QUEEN NOBLE PhD MAYOR		2. REPORT DATE 02-28-09	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		AGGREGATE TO DATE	
NAME: SANDRA QUEEN NOBLE PhD ADDRESS: 920 S. NATIONAL AVENUE, APT. 1 CITY / STATE: springfield, mo 65804-2800 EMPLOYER: Holmans Security 2003 (pd fraud stopped the employment) <input type="checkbox"/> COMMITTEE: THE H.E.R.O./S.H.E.R.O. PARTY FOR SANDRA QUEEN NOBLE PhD MAYOR			\$ 0 <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: SANDRA QUEEN NOBLE PhD ADDRESS: 920 S. NATIONAL AVE. APT.1 CITY / STATE: springfield, mo 65804-2800 EMPLOYER: Holman Security (Due to pd fraud stopped empolyment) <input type="checkbox"/> COMMITTEE: HEROS AND SHEROS FOR NOBLE PhD MAYOR			\$ 0 <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: N/A EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ 0 <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: N/A EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ 0 <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: N/A EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ 0 <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ 0
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ 0
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ 0
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$ 0
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$ 0
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)			AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A			\$ 0
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			\$ 0
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			\$ 0
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			\$ 0
C. LOANS RECEIVED		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15. NAME AND ADDRESS OF LENDER			
NAME: ADDRESS: N/A CITY / STATE:			\$ 0
NAME: ADDRESS: N/A CITY / STATE:			\$ 0
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)			\$ 0
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$ 0
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$ 0
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$ 0
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$ 0
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$ 0



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE THE H.E.R.O. AND S.H.E.R.O. PARTY FOR SANDRA QUEEN NOBLE PhD		2. REPORT DATE 02-28-09	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)			4. AMOUNT PAID OR INCURRED THIS PERIOD
B. CATEGORY OF EXPENDITURE			
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ 0
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ 0
3. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		9. DATE	10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)
1. NAME AND ADDRESS OF RECIPIENT			11. AMOUNT THIS PERIOD
NAME: SANDRA QUEEN NOBLE PhD ADDRESS: 920 S. National Avenue, Apt. 1 CITY / STATE: springfield, mo 65804-2800			\$ 0 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: SANDRA QUEEN NOBLE PhD ADDRESS: 920 S. National Avenue, Apt. 1 CITY / STATE: springfield, mo 65804-2800			\$ 0 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: SANDRA QUEEN NOBLE PhD ADDRESS: 920 S. National Avenue, Apt. 1 CITY / STATE: springfield, mo 65804-2800			\$ 0 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: SANDRA QUEEN NOBLE PhD ADDRESS: 920 S. National Avenue, Apt. 1 CITY / STATE: springfield, mo 65804-2800			\$ 0 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: SANDRA QUEEN NOBLE PhD ADDRESS: 920 S. National Avenue, Apt. 1 CITY / STATE: springfield, mo 65804-2800			\$ 0 <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
2. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$ 0
3. SUBTOTAL: ANY ATTACHED PAGES			+
4. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			\$ 0
5. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 0
6. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 0
7. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ 0
8. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			\$ 0
9. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ 0
12. CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21. DATE	22. AMOUNT
1. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME: SANDRA QUEEN NOBLE PhD ADDRESS: 920 S. National Avenue, Apt. 1 CITY / STATE: springfield, mo 65804-2800		02/28/09	\$ 0 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE:			\$ 0 <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE:			\$ 0 <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
13. SUBTOTAL: THIS PAGE (SUM COLUMN 22)			\$ 127.80
14. SUBTOTAL: ANY ATTACHED PAGES			\$ 127.80
15. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD			\$ 127.80
16. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT			\$ 0
17. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)			\$ 0
18. TOTAL: IN-KIND CONTRIBUTIONS MADE THIS PERIOD, LIST AMOUNT			\$ 0



**MISSOURI ETHICS COMMISSION
DIRECT EXPENDITURE REPORT**

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE THE H.E.R.O. AND S.H.E.R.O. PARTY FOR SANDRA QUEEN NOBLE PhD	2. REPORT DATE 02-28-09
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DIRECT EXPENDITURE REPORT

This form is used when expenditures listed on form CD3 have been made directly on behalf of a candidate or ballot measure issue. Candidate committees making expenditures only on behalf of the candidate for which their committee was formed do not complete this form.

A. CANDIDATES

3. CANDIDATE'S NAME AND ADDRESS	4. OFFICE SOUGHT	5. CHECK ONE		6. EXPENDITURE DATE (MM/DD/YY)	7. EXPENDITURE AMOUNT
		SUPP.	OPP.		
NAME: SANDRA QUEEN NOBLE PhD ADDRESS: 920 S. NATIONAL AVENUE, APT. 1 CITY STATE ZIP: springfield, mo 65804-2800	Mayor	*			0
NAME: Sandra Queen Noble PhD ADDRESS: 920 S. National Avenue, Apt. 1 CITY STATE ZIP: springfield, mo 65804-2800	Mayor	*			0
NAME: ADDRESS: N/A CITY STATE ZIP:		*			0
NAME: ADDRESS: N/A CITY STATE ZIP:					0

B. BALLOT MEASURES

8. NAME OF BALLOT MEASURE (INCLUDE POLITICAL SUBDIVISION)	9. ELECTION DATE	10. CHECK ONE		11. EXPENDITURES THIS PERIOD	12. EXPENDITURES TO DATE
		SUPP.	OPP.		
BALLOT MEASURE: dept. of h&hs Any, all and every past and present measure(s) allowing taxes and dpss/dcfs kidnaping children POLITICAL SUBDIVISION: greene county, springfield, mo et al	2/3/09		x	0	0
BALLOT MEASURE: all corrupt politicians greene county, springfield, mo et al POLITICAL SUBDIVISION:	2/3/09		x		\$127.80
BALLOT MEASURE: DECLARATION OF A STOLEN COUNTRY "america" FOR THE PURPOSE OF RIGHTFUL BILL OF SALE bible belt mv ass POLITICAL SUBDIVISION: greene county, springfield, mo et al	2/3/09	*			\$127.80