



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID #

091276

OFFICE USE ONLY

49

STATEMENT DATE		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE COMMITTEE TO ELECT HENSLEY					
4. COMMITTEE MAILING ADDRESS ADDRESS: P.O. Box 9 CITY/STATE/ZIP: WILLOW SPRINGS MO 65793				5. TELEPHONE NUMBER 417 257 8685	
6. TREASURER'S NAME GLENDA WATSON					
7. TREASURER'S MAILING ADDRESS ADDRESS: 1018 W. FIRST STREET CITY/STATE/ZIP: WEST PLAINS MO 65775				8. TELEPHONE NUMBER HOME: 417-257-8616 WORK: 417 256 5215	
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: _____ CITY/STATE/ZIP: _____				11. TELEPHONE NUMBER HOME: _____ WORK: _____	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)					
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION LANDMARK BANK 1802 E STATE ROUTE 14 WEST PLAINS MO 65775		B. ACCOUNT NAME COMMITTEE TO ELECT HENSLEY		C. ACCOUNT NO.	
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME KATHLEEN HENSLEY		B. ADDRESS MO 65793 P.O. Box 9 WILLOW SPRINGS		C. TELEPHONE NO. 417 257 8685	D. POLITICAL PARTY REP
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) KATHLEEN HENSLEY		B. ELECTION DATE Nov 3, 2010	C. OFFICE SOUGHT STATE REP 151 <sup>ST</sup> DISTRICT	D. POLITICAL SUBDIVISION HOWELL COUNTY	CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  Glenda Watson TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  Kathleen Hensley CANDIDATE'S SIGNATURE		

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NOV 10 2009