



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

11th Orig (Blue copy) 4-8-2010
MEC ID # A101218

OFFICE USE ONLY
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STATEMENT DATE	TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
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3. FULL NAME OF COMMITTEE
Citizens to elect Penny Henry

4. COMMITTEE MAILING ADDRESS ADDRESS: 422 Franklin Ave CITY / STATE / ZIP: Moberly, MO 65270	5. TELEPHONE NUMBER 660-651-9434
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6. TREASURER'S NAME
Pam Fuller

7. TREASURER'S MAILING ADDRESS ADDRESS: 800 Gilman CITY / STATE / ZIP: Moberly, MO 65270	8. TELEPHONE NUMBER HOME: 660-269-9596 WORK: N/A
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9. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: Missouri Ethics Commission CITY / STATE / ZIP:	11. TELEPHONE NUMBER HOME: WORK:
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12. OTHER COMMITTEE OFFICERS (IF ANY) APR 12 2010 A. NAME B. ADDRESS C. TITLE Received by Fax	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
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14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)		
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION Bank of Cairo + Moberly 207 E. Rollins Moberly, MO 65270	B. ACCOUNT NAME Citizens to elect Penny Henry	C. ACCOUNT NO.

15. TYPE OF COMMITTEE
 CANDIDATE POLITICAL PARTY CONTINUING CAMPAIGN EXPLORATORY DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)			
A. NAME Penny Henry	B. ADDRESS 422 Franklin Ave Moberly	C. TELEPHONE NO. 660-651-9434	D. POLITICAL PARTY Republican

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)	
A. NAME N/A	B. ADDRESS

18. CANDIDATES SUPPORTED OR OPPOSED				CHECK ONE	
A. NAME(S) OF CANDIDATE(S) Penny Henry	B. ELECTION DATE 11-02-2010	C. OFFICE SOUGHT Treasurer	D. POLITICAL SUBDIVISION Randolph County	E. SUPPORT <input checked="" type="checkbox"/>	F. OPPOSE <input type="checkbox"/>

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED				CHECK ONE	
A. NAME(S) OF MEASURE(S) N/A	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	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.

Pamela Fuller
TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Penny Henry
CANDIDATE'S SIGNATURE