

To:
Federal Election Commission
999 E Street NW
Washington, DC 20463

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FEC MAIL CENTER

Please find enclosed copies of the Fourth Quarter 2014 Form 3X covering the dates 10/1/2014 – 12/31/2-14 for the following PACs:

Professional Real Estate Investors and Managers Alliance PAC (PREIMA-PAC) C00546895
American Association of Private Lenders PAC (APL-PAC) C00547398

Please contact Rick Abell @ 816-398-4054 with any questions.

Thanks!
Rick Abell



1/5/2015

1-UNION-0701-11-01-11-11

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
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FEC Office Use Only
FEDERAL CENTER

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Professional Real Estate Investors and
Managers Alliance PAC (PREIMA-PAC)

ADDRESS (number and street)

7509 NW Tiffany Springs Parkway

Suite 200

Check if different than previously reported. (ACC)

Kansas City MO 64153-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00546895

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

CA

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

CA

5. Covering Period

10 / 01 / 2014

through

12 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Becky Cole

Signature of Treasurer Becky Cole

Date 12 / 31 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Professional Real Estate Investors and Managers Alliance PAC (PREIMA-PAC)

Report Covering the Period:

From:

To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Total Receipts (from Line 19)	<input type="text" value="0"/>	<input type="text" value="0"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="0"/>	<input type="text" value="0"/>
7. Total Disbursements (from Line 31)	<input type="text" value="0"/>	<input type="text" value="0"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="0"/>	<input type="text" value="0"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	<input type="text" value="0"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	<input type="text" value="0"/>



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Professional Real Estate Investors and Managers Alliance PAC (PREIMA-PAC)

Report Covering the Period: From:

MM / DD / YYYY
10 / 01 / 2014

To:

MM / DD / YYYY
12 / 31 / 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0

0

(ii) Unitemized.....

0

0

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0

0

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0

0

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0

0

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0

0

FILED IN: FINANCIAL REPORT

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	<input type="text" value="0"/>	<input type="text" value="0"/>
(ii) Non-Federal Share.....	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Other Federal Operating Expenditures	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	<input type="text" value="0"/>	<input type="text" value="0"/>
22. Transfers to Affiliated/Other Party Committees.....	<input type="text" value="0"/>	<input type="text" value="0"/>
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	<input type="text" value="0"/>	<input type="text" value="0"/>
24. Independent Expenditures (use Schedule E)	<input type="text" value="0"/>	<input type="text" value="0"/>
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	<input type="text" value="0"/>	<input type="text" value="0"/>
26. Loan Repayments Made.....	<input type="text" value="0"/>	<input type="text" value="0"/>
27. Loans Made.....	<input type="text" value="0"/>	<input type="text" value="0"/>
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Political Party Committees	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Other Political Committees (such as PACs).....	<input type="text" value="0"/>	<input type="text" value="0"/>
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	<input type="text" value="0"/>	<input type="text" value="0"/>
29. Other Disbursements	<input type="text" value="0"/>	<input type="text" value="0"/>
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	<input type="text" value="0"/>	<input type="text" value="0"/>
(ii) "Levin" Share.....	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Federal Election Activity Paid Entirely With Federal Funds	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	<input type="text" value="0"/>	<input type="text" value="0"/>
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	<input type="text" value="0"/>	<input type="text" value="0"/>
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	<input type="text" value="0"/>	<input type="text" value="0"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE / OF	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Professionals/Real Estate Investors and Managers Alliance PAC (PREIMA-PAC)

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C** _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Aggregate Year-to-Date ▼ _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C** _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Aggregate Year-to-Date ▼ _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C** _____

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼ _____

Aggregate Year-to-Date ▼ _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ _____

TOTAL This Period (last page this line number only).....▶ _____

NON-PROFIT

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE / OF /

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Professional Real Estate Investors and Managers Alliance PAC (PREIMA-PAC)

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount field

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount field

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount field

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

Amount field with 0

Amount field with 0

COUNCIL OF CHIEFS OF CHAIRMAN

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER	
Professional Real Estate Investors and Managers Alliance PAC (PREIMA PAC)		C 00546895	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan	Interest Rate (APR)
			%
Mailing Address		Date Incurred or Established	
		M M / D D / Y Y Y Y Y Y	
City State Zip Code		Date Due	
		M M / D D / Y Y Y Y Y Y	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred	
		M M / D D / Y Y Y Y Y Y	
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? 	
		Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? 	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: M M / D D / Y Y Y Y Y Y		Location of account: Address: City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name <u>Becky Cole</u> Signature <u>Becky Cole</u>		DATE M M / D D / Y Y Y Y Y Y <u>12 31 2014</u>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE M M / D D / Y Y Y Y Y Y	
Title			

11-01-14 10:10 AM

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Professional Real Estate Investors and Managers Alliance PAC (PREIMA-PAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) **Professional Real Estate Investors and Managers Alliance PAC (PREIMA-PAC)** FEC IDENTIFICATION NUMBER **000546895**

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee _____ Date of Public Distribution/Dissemination _____

Mailing Address _____ Amount _____

City _____ State _____ Zip Code _____ Date of Disbursement or Obligation _____

Purpose of Expenditure _____ Category/Type _____

Name of Federal Candidate _____ Support Oppose Office Sought: House District: _____
 President Senate State: _____

Calendar Year-To-Date Per Election for Office Sought _____ Disbursement For: Primary General
 Other (specify) _____

Full Name of Payee _____ Date of Public Distribution/Dissemination _____

Mailing Address _____ Amount _____

City _____ State _____ Zip Code _____ Date of Disbursement or Obligation _____

Purpose of Expenditure _____ Category/Type _____

Name of Federal Candidate _____ Support Oppose Office Sought: House District: _____
 President Senate State: _____

Calendar Year-To-Date Per Election for Office Sought _____ Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures..... 0

(b) **SUBTOTAL** of Unitemized Independent Expenditures 0

(c) **TOTAL** Independent Expenditures..... 0

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Cole Date **12** / **31** / **2014**
Signature

2014-12-31 10:10:10

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE / OF /
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Professional Real Estate Investors and Managers Alliance PAC (PREIMA-PAC)	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential
State: _____	District: _____	
Aggregate General Election Expenditure for this Candidate ▶		
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential
State: _____	District: _____	
Aggregate General Election Expenditure for this Candidate ▶		
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential
State: _____	District: _____	
Aggregate General Election Expenditure for this Candidate ▶		

SUBTOTAL of Expenditures This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

11-01-2009 10:10:10 AM

1/5/15

From: (913) 599-2020
Rick Abell
Affinity Group Management
7509 Tiffany Springs Parkway,
Suite #200
KANSAS CITY, MO 64153

Origin ID: KCKA



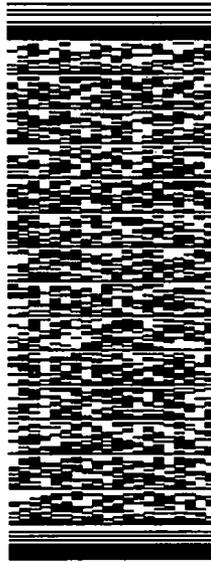
J14214092303uv

SHIP TO: (913) 599-2020

BILL SENDER

Federal Election Commission
999 E Street, NW

WASHINGTON, DC 20463



FedEx Ship Manager - Print Your Label(s)

Ship Date: 05JAN15
ActWgt: 1.0 LB
CAD: 100170952/INET3550

Delivery Address Bar Code



Ref # Rick Abell

Invoice #

PO #

Dept #

677

FZ

6

15:00

2756
01.00

TUE - 06 JAN AA
STANDARD OVERNIGHT

TRK# 7724 5962 2756

0201

20463
DC-US
IAD

XC RDVA



52G1RF156AC8

Press here to seal.

Press here to seal.

Press here to seal.

Look

Align bottom of Peel and Stick Airbill or P

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>1/5/15</i> Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JB
 PREPARER
 (8/2013)

1/6/2015
 DATE PREPARED

UNION : CIVIL : WORK : UNIT