FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1		ORGANIZ	ATION	FE	C MAIL CENTER	
1. NAME OF COMMITTEE (In	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M	5	
Professional	Real E	state Investors a	ınd Managers Alliai	nce PAC	(PREIMA-PAC)	
7500 NW Tiffony Corings Dorlayou						
ADDRESS (number and street) 7509 NW Tiffany Springs Parkway Suite 200				<u>'Y</u>		
(Check if address is changed)		Kansas City		MO	64153	
			CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) [Check if address is changed] [Check if address is changed]						
COMMITTEE'S WEB	address	WWW.PREI	MAONLINE.C	PM ,		
2. DATE 071 8.1 2013.						
3. FEC IDENTIFICATION NUMBER						
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)						
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name	of Treasure	Becky Cole			·	
Signature of Treasur	ет	Secky Co	de	Date 0	7 08 2013	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

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TYPE OF COMMITTEE Candidate Committee:								
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Nama Cand	e of didate	· <u> </u>						
	didate / Affiliati	ion Office Sought: House Senate President	State District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate								
Parl	ty Con	nmittee:	(Domogratio					
(d)			(Democratic, Republican, etc.) Party.					
Poli	tical A	action Committee (PAC):						
(e)	\boxtimes	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:					
		Corporation Corporation w/o Capital Stock	Labor Organization					
		Membership Organization Trade Association	Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.						
(1)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)						
		In addition, this committee is a Lobbyist/Registrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Join	t Fund	draising Representative:						
(g)		This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political					
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political					
	Com	nmittees Participating in Joint Fundraiser						
•	1.	FEC ID number						
	2.	FEC ID number C						
	3.	FEC ID number						
	Δ	I						

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٧	Write or Type Committee Name								
Professional Real Estate Investors and Managers Alliance PAC (PREIMA-PAC)									
6.	6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor								
Professional, Real Estate Investors and Managers Alliance									
	·		i						
L		17500:NIM Tiffony Springs Porkway							
	Mailing Address	7509 NW Tiffany Springs Parkway							
		Suite 200							
		Kamsas City MO 641							
		CITY STATE	ZIP CODE						
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor						
		<u> </u>	••						
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in pos	session of committee						
	books and records.		•						
	Full Name								
	Mailing Address								
			[-]						
	Title or Position	CITY STATE	ZIP CODE						
	TRIE OF POSITION	SIAIE	ZIF CODE						
		Telephone number							
			(m.						
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of						
	Full Name Beck	xy Cole							
	of Treasurer								
	Mailing Address	7509 NW Tiffany Springs Parkway							
		Suite 200							
		Kansas City MO 6415	3						
		CITY STATE	ZIP CODE						

Title or Position Treasurer

CITY

STATE

ZIP CODE

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Rick Abell

Full Name of Designated

Mailing Address

Agent

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Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
Imp	7/15/13			
PREPARER	DATE PREPARED			

(7/2013)