STATEMENT OF **ORGANIZATION**

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· FURIVI 1	·				1	Office Use Only
1. NAME OF COMMITTEE (in	ı full)	(Check if is change		Example:If typing, type over the lines.	12FE4N	
JOHN WE	BB FC	R CONG	ŖĘŞŞ	<u> </u>		
 	1 1 1 1	1 1 1 1	<u> </u>		1 1 1 1	
ADDRESS (number a	nd street)	23906 S	STAT	E RTE D	1 1 1	
(Check if a is changed)		CLEVEL	AND		MO	64734
			С	ITY (STATE	ZIP CODE
COMMITTEE'S E-MA	AL ADDRES		only one e-n		ടകപ്പ	
(Check if is change		L-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	<u> </u>			
COMMITTEE'S WEE	· 3 PAGE ADI	، ف (DRESS (URL)	لادياً معا		i v	•
(Check if is change		JOHNW	EBBF	ORCÓNGRES	SS.COM	
2. DATE 07	7" 15	Ž01 4	₹ 			
3. FEC IDENTIFIC	CATION NU	JMBER	c 00	565523		
4. IS THIS STATE	MENT X	NEW (N)	OR	AMENDED (A)		
I certify that I have	examined th			of my knowledge and belief	it is true, corr	ect and complete.
Type or Print Name	of Treasurer	TRICIA	ADAN	/IS		
Signature of Treasur	er (N	u Ada	go-		Date C	7 15 2014
NOTE: Submission of				nay subject the person signing		t to the penalties of 2 U.S.C. §437g. YS.
Office Use Only				For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

FEC Form 1 (Revised 02/2009)	Page 2
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. (Compinformation below.)	lete the candidate
Name of Candidate JOHN WEBB	
Candidate Party Affiliation REP Office Sought: X House Senate President	State MO District 04
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confi	nected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
પૂ In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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
Committees Participating in Joint Fundraiser	
1. FEC ID number C	in terminal and the second se
2. FEC ID number C	
3. FEC ID number C	
4.	

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FEC Form 1 (Revised (Page 3
JOHN WEBB FO		
	Drganization, Affiliated Committee, Joint Fundraising Representative, or Le	adorchin BAC Spancer
o. Name of Any Connected C	rganization, Anniated Committee, Committee and along Representative, of Le	adership PAC Sportsor
	111111111111111111111111111111111111111	
Mailing Address		
]-]
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
· · · · · · · · · · · · · · · · · · ·		nada.
7. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person	in possession of committee
MARY	R WEBB	
Full Name	23906 S STATE RTE D	
Mailing Address	<u> </u>	
		4704
	CLEVELAND MO 6	4734
Title or Position	CITY STATE	ZIP CODE
SECRETARY	i i i i i i i i Telephone number 816,	_ 410, _ 1737 .
	Telephone number	- [1]0[
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and tassistant treasurer).	he name and address of
Full Name TRICI	A ADAMS	
Mailing Address	23906 S STATE RTE D	
·		
	CLEVELAND MO 6	4734
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	_[618,]-[3392 ,

FEC Form 1 (Rev	rised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address		<u> </u>	
		.	
	CITY	STATE	ZIP CODE
Title or Position			
		Telephone number	
			· · · · · · · · · · · · · · · · · · ·
safety deposit boxes or r Name of Bank, Deposito	ry, etc.		
Name of Bank, Deposito	ry, etc.		
Name of Bank, Deposito	ry, etc.		
Name of Bank, Deposito	ry, etc.		
Name of Bank, Deposito	ry, etc.		[647,34]-
Name of Bank, Deposito	ry, etc. IZENS BANK [318 E MAIN ST.		64734 -
Name of Bank, Deposito	ry, etc. IZENS BANK [318 E MAIN ST. [CLEVELAND CITY		<u> </u>
Name of Bank, Deposito [C, T, Mailing Address	ry, etc. IZENS BANK [318 E MAIN ST. [CLEVELAND CITY		<u> </u>
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Name of Bank, Deposito CITI Mailing Address Name of Bank, Deposito	ry, etc. IZENS BANK 318 E MAIN ST [CLEVELAND CITY ry, etc.	STATE	ZIP CODE
Name of Bank, Deposito CITI Mailing Address Name of Bank, Deposito	ry, etc. IZENS BANK 318 E MAIN ST [CLEVELAND CITY ry, etc.	STATE	ZIP CODE

John Webb Par Congress 23906 & State PreD Cleveland, 110 64734

KANSAS CITY 640

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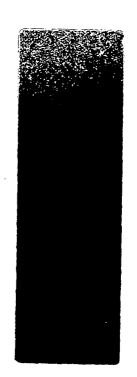
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Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 7/28/14
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	f Receipt or Postmarked
(AC) PREPARER	8/5/14 DATE PREPARED
(8/2013)	DATE THE AND