



Statement of Committee Organization

1. Statement Information

Date: January 5, 2013

Type: New Amended (if amending, enter MEC ID C131010 & section changed _____)

2. Committee Information

Committee to elect Rebecca Roeber to the 34th

Name of Committee

603 NE Clubhouse Dr. Lee' Summit, MO 64086

Committee Mailing Address, City, State, & Zip

(816) 554-8183

Telephone Number

Jackson County Election Board

County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Rick Roeber

Treasurer's Name (First & Last)

603 NE Clubhouse Dr. Lee's Summit, MO 64086

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(816) 554-8183

Treasurer's Home Telephone Number

(816) 668-8763

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of financial institution

Account Name

Account Number

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Rebecca Roeber 603 NE Clubhouse Dr. Lee's Summit, MO 64086

Name & Mailing Address, City, State & Zip of Candidate

(816) 554-8183

Telephone Number (Candidate Committees Only)

(816) 885-1977

August 13, 2013

Election Date

8-5-14

State representative 34th district

Office Sought & Political Subdivision

Republican

Political Party

support

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer

Candidate (Candidate Committees Only)