Image# 202110149467276093				10/14/2021 14 : 22
FEC FORM 1	STATEMEI ORGANIZ		Offi	PAGE 1 / 4
1. NAME OF	(Check if name	Example:If typing, type		
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
	655 15th Street, NW			
ADDRESS (number and street)				
 (Check if address is changed) 	Suite 800			
	Washington			95 -
	CITY A		STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address	aaron@mapps.org			
is changed)	Optional Second E-Mail Ad	dress		
	aaron@grauandasso	ociates.com		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
	4 / Y Y Y Y 2021			
3. FEC IDENTIFICATION N	UMBER ► C c	00233247		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief	it is true, correct and	complete.
Tune of Drint Name of Trans	_{er} Tully, Mike, , ,			
Type or Print Name of Treasure				
Signature of Treasurer	v, Mike, , ,	[Electronically Filed]	Date 10	14 / Y Y Y Y 2021
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED		penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FI	EC Fo	rm 1 (Revised 02/2009)	Page 2		
TYPE	OF C	OMMITTEE			
Cand	didate	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.)			
Name Candio					
Candio Party	date Affiliati	on Office Sought: House Senate President	State		
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Candio					
Party	/ Con	nmittee:			
(d)			emocratic, publican, etc.) Party		
Politi	ical A	ction Committee (PAC):			
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is		
		Corporation Corporation w/o Capital Stock	_abor Organization		
		Membership Organization	Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segr committee. (i.e., nonconnected committee)	egated fund or part		
In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint	Fund	raising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political		
	Com	mittees Participating in Joint Fundraiser			
	1.	FEC ID number			
	2.	FEC ID number			
	3.	FEC ID number			
	4.	FEC ID number			

FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS PAC (MAPPS PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

MANAGEMENT ASSOCIA	TION FOR PRIVATE PHOTOGRAMMETRIC SI	JRVEYORS PAC (MAPPS PAC)
Mailing Address	655 15th Street, NW	
	Suite 800	
	Washington	DC 20005
	CITY	STATE ZIP CODE

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Grau, Aaro	on, L, ,
Full Name	
Mailing Address	655 15th Street, NW
	Suite 800
	Washington DC 20005
Title or Position	CITY STATE ZIP CODE
Manager	412 480 1809 Telephone number 12 12

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Tully, Mike, , ,		
Mailing Address	6315 Chancellor Drive		
	Cedar Falls IA 50613 – / <th <="" th=""> <th <="" th=""> /</th></th>	<th <="" th=""> /</th>	/
	CITY STATE ZIP CODE		
Title or Position Treasurer	Telephone number		

Full Name of Designated Agent	Grau, Aaron, L, , 20005
Mailing Address	655 15th Street, NW
	Suite 800
	Washington DC 20005
	CITY STATE ZIP CODE
Title or Position Manager	Telephone number 412 480 - 1809

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Sunti	rust Bank		
Mailing Address	8330 Boone Blvd		
	7th FLoor		
	Vienna		22180
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	y, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE