

FEC FORM 1

STATEMENT OF ORGANIZATION

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2023 JAN 18 PM 12:19 Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS PAC (MAPPS PAC)

ADDRESS (number and street) 673 POTOMAC STATION DRIVE

(Check if address is changed) #801

LEESBURG VA 20176 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) kdoran@associationconferencegroup.com

Optional Second E-Mail Address amorris@mapps.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) WWW.MAPPS.ORG

2. DATE 12 / 23 / 2022

3. FEC IDENTIFICATION NUMBER C 00233247

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 Treasurer Aaron J. Morris

Signature of Treasurer Aaron J. Morris Date 12 / 23 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

NONPROFIT CORPORATION

5. 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.)

Name of Candidate _____

| | | | | | |
|-----------------------------|----------------|-------|--------|-----------|----------------|
| Candidate Party Affiliation | Office Sought: | House | Senate | President | State District |
|-----------------------------|----------------|-------|--------|-----------|----------------|

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- | | | |
|---|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input checked="" type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> 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 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.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____

C

2. _____

C

NONUNION | 800 | 487 | 6000 | 0000

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 ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS PAC (MAPPS PAC)

Mailing Address 673 POTOMAC STATION DRIVE #801 LEESBURG VA 20176 CITY STATE ZIP CODE

Relationship: [x] Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name KATHLEEN DORAN Mailing Address 673 POTOMAC STATION DRIVE #801 LEESBURG VA 20176 CITY STATE ZIP CODE

Title or Position ASSOCIATION MANAGER Telephone number 571-577-8451

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 AARON J MORRIS Mailing Address 673 POTOMAC STATION DRIVE #801 LEESBURG VA 20176 CITY STATE ZIP CODE

Title or Position TREASURER Telephone number 571-577-8451

UNIONBOND.COM

Full Name of Designated Agent

KATHLEEN DORAN

Mailing Address

673 POTOMAC STATION DRIVE

#801

LEESBURG

VA

20176

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

ASSOCIATION MANAGER

Telephone number

571

577

8451

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.

CAPITAL ONE

Mailing Address

1680 CAPITAL ONE DRIVE

MCLEAN

VA

22102

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

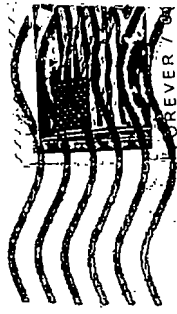
STATE ▲

ZIP CODE ▲

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UNION

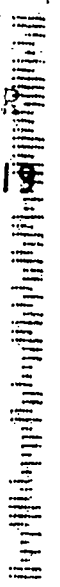
MAPP
673 Potomac Station Drive
#801
Leesburg, VA 20176



METROPLEX MI 480
10 JAN 2023 PM 6 L

RECEIVED
FEC MAIL CENTER
2023 JAN 18 PM 12:19

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463



20463-

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.

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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

Bel
 PREPARER

01-18-2023
 DATE PREPARED

NONDISCRIMINATION STATEMENT