PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 × COMMITTEE (in full) over the lines. is changed) Appraisal Institute PAC (AI PAC) 122 C Street NW Suite 360 ADDRESS (number and street) (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bgarber@appraisalinstitute.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00144261 FEC IDENTIFICATION NUMBER > 3. X 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. William Garber Type or Print Name of Treasurer William Garber [Electronically Filed] 07 2013 Signature of Treasurer Date 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. FEC FORM 1

	Office			For further information contact:
ı	Use			Federal Election Commission
	Only			Toll Free 800-424-9530
	· · · · · · ·			Local 202-694-1100

FEC F	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE	_
Candida	te Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	mplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization X Trade Association	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 scommittee. (i.e., nonconnected committee)	segregated 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 Fur	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	•
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Co	mmittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number	
3.	FEC ID number	
4.		

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	•		
	<u> </u>	Institute PAC (AI PAC)	
6.	-	connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
A	ppraisal Insti	itute 	
	Mailing Address	122 C Street NW Ste 360	
	maining riddress		
		Washington DC 20001	
		CITY STATE Z	IP CODE
	Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
	books and record	ecords: Identify by name, address (phone number optional) and position of the person in posseds.	ession of committee
		, William Garber	
	Full Name	,122 C Street NW Ste 360	
	Mailing Address	122 C Sileet NW Sie 300	
		Washington DC 20001	
	Title or Position	CITY STATE ZI	P CODE
	Custodian		98 - 5586
3.		ne name and address (phone number optional) of the treasurer of the committee; and the name agent (e.g., assistant treasurer).	e and address of
	Full Name	William Garber	
	of Treasurer		
	Mailing Address	122 C Street NW Ste 360	
		Washington DC 20001	
	Title or Position	CITY STATE ZI	P CODE
	Treasurer		8 5586

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	1	1 1 1 1 1 1 1
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Name of Bank, I	oxes or maintains funds. Depository, etc.	
	PNC	
Mailing Address	,P.O. Box 609	
Mailing Address	,P.O. Box 609	
Mailing Address	P.O. Box 609	ZIP CODE
Mailing Address Name of Bank, I	P.O. Box 609 Pittsburgh PA 15230 CITY STATE	ZIP CODE
	P.O. Box 609 Pittsburgh PA 15230 CITY STATE	
	P.O. Box 609 Pittsburgh CITY STATE Depository, etc.	
Name of Bank, I	P.O. Box 609 Pittsburgh CITY STATE Depository, etc.	
Name of Bank, I	P.O. Box 609 Pittsburgh CITY STATE Depository, etc.	

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Form/Schedule: F1A Transaction ID:

This report is being amended to disclose a new name of the Committee. Pleased update your records accordingly.

Form/Schedule: Transaction ID: