FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	
	· · · · · · · · · · · · · · · · · · ·	Office use only
NAME OF COMMITTEE (in fu	(Check if name Example: If typying, typing) is changed) over the lines	12FE4M5
Appraisal Instit	tute Political Action Committee	
ADDRESS (number and str	reet) 122 C Street NW Suite 360	
(Check if addres	ss	
is changed)	Washington	DC 20001 -
00144777550 5 1444	CITY ▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL bgarber@appra	isalinstitute.org	1
<u> </u>		
COMMITTEE'S WEB P	AGE ADDRESS (URL)	
n/a		
COMMITTEE'S FAX NU 202-298-5547	JMBER	
2. DATE 0.3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICAT	TION NUMBER C C00144261	
4. IS THIS STATEME	ENT NEW (N) OR X AMENDED	(A)
I certify that I have examin	ed this Statement and to the best of my knowledge and belief it is true, co	orrect and complete
Type or Print Name of T	reasurer William Garber	
Signature of Treasurer	Electronically Filed by William Garber	Date 03 / D12 / YYYY8
NOTE: Submission of fals	e, erroneous, or incomplete information may subject the person signing the ANY CHANGE IN INFORMATION SHOULD BE REPOR	,
Office Use Only FE3AN042.PDF	For further inform Federal Election C Toll Free 800-424 Local 202-694-110	ommission FEC FORM 1 -9530 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)	
	(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 car information below.)	ndidate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (or subordinate) committee of the	nocratic, ublican,etc.) Party.
	(e) X This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee.	d or party
6. 1	Name of Any Connected Organization or Affiliated Committee Appraisal Institute	
<u> </u>		
L	122 C Street NW Ste 360	
	Mailing Address 122 C Street NW Ste 360	
	Washington DC 200	01
	CITY STATE Z	IP CODE A
	Relationship Connected Organization	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	า
	Membership Organization X Trade Association Cooperative	

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Write or Type Committee Nar			
	Political Action Committee	and the self and the self and the	u
	Identify by name, address, (phone number tree books and records.	er optional), and position of t	ine person in
MACH	liana Oankan		
Full Name	liam Garber		
Mailing Address	122 C Street NW Ste 36	50	
	Washington		20001 _
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A
Custoo	lian	202 Telephone number	298 5586
name and address of	me and address (phone number optiona any designated agent (e.g., assistant treas	al) of the treasurer of the comm surer).	nittee; and the
name and address of	any designated agent (e.g., assistant treas	surer).	nittee; and the
name and address of Full Name of Treasurer Will	any designated agent (e.g., assistant treas	surer).	20001
name and address of Full Name of Treasurer Will	any designated agent (e.g., assistant treas	60	
name and address of Full Name of Treasurer Mailing Address	liam Garber 122 C Street NW Ste 36 Washington CITY A	50 DC	20001
name and address of Full Name of Treasurer Mailing Address Title or Position Title or Position	liam Garber 122 C Street NW Ste 36 Washington CITY A	Surer). 50	20001
name and address of Full Name of Treasurer Mailing Address Title or Position ▼ Tresure Full Name of Designated	liam Garber 122 C Street NW Ste 36 Washington CITY A	Surer). 50	20001
name and address of Full Name of Treasurer Mailing Address Title or Position ▼ Tresure Full Name of Designated Agent	liam Garber 122 C Street NW Ste 36 Washington CITY A	Surer). 50	20001

Telephone number

9.

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Banks or Other Depositories safety deposit boxes or maintain			deposits funds, holds accounts, rents
Name of Bank, Depository, etc			
PNC			
Mailing Address	P.O. Box 609		
	Pittsburgh		PA 15230
		CITY 🛕	STATE ▲ ZIP CODE ▲
Name of Bank, Depository, etc			
Name of Bank, Depository, etc			
Name of Bank, Depository, etc			

Image# 28990549914		
Form/Schedule: F1A Transaction ID: F1A	This amended registration discloses a new treasurer. There were no other changes to this form.	