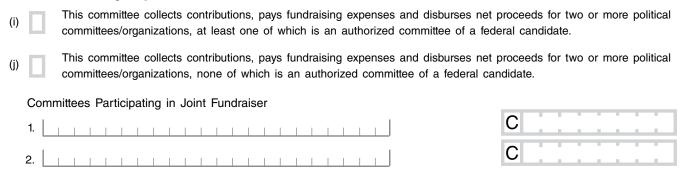
FEC FORM 1	STATEMEI ORGANIZ	_		PAGE 1 / 5 —
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, over the lines.	, type 12FE4M	
	merican Institute of	Architects		
ADDRESS (number and street)	1735 New York Avenue, NW			
(Check if address is changed)	Washington CITY ▲		L L L L L L L L L L L L L L L L L L L	20006 
COMMITTEE'S E-MAIL ADDR	ESS			
<ul><li>(Check if address is changed)</li></ul>	archipac@aia.org			
	Optional Second E-Mail Ad	dress		
<ul> <li>(Check if address is changed)</li> </ul>				
2. DATE	D / Y Y Y Y			
3. FEC IDENTIFICATION N	NUMBER ► C C	00139071		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDE	ED (A)	
I certify that I have examined Type or Print Name of Treasu	this Statement and to the best er Perez, Wendy, , , Young	of my knowledge and	d belief it is true, corre	ect and complete.
Signature of Treasurer Per	ez, Wendy, , , Young		Date	07 / D D / Y Y Y Y 18 2024
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMA			to the penalties of 52 U.S.C. §3010 AYS.
Office Use Only		For further info Federal Election Toll Free 800-42 Local 202-694-1	24-9530	FEC FORM 1 (Revised 06/2012)

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FE	C Form 1 (Revised 03/2022)	Page <b>2</b>
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 ca information below.)	Indidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	Name of Candidate	
	Party Committee:       (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 or	ganization is a:
	Corporation Corporation w/o Capital Stock Labor Organ	nization
	X Membership Organization Trade Association Cooperative	
	X 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 fur committee. (i.e., nonconnected committee)	nd or party
	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:



	FEC Form 1 (Revise	d 02/2009)	Page 3
۷	Vrite or Type Committee Na	me	
	ArchiPAC - Th	e American Institute of Architects	
6.	Name of Any Connected	I Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
	The American Inst	itute of Architects	
	Mailing Address	1735 New York Avenue, NW	
		Washington DC 20006	
		CITY A STATE A	ZIP CODE
	Relationship: X Connect	ted Organization	Leadership PAC Sponse

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

PAC Servic	es, Quorum, , ,
Full Name	
Mailing Address	One Thomas Circle
	6th Floor
	Washington         DC         20005
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Book Keeper	Image:

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	Perez, Wendy, , , Young
Mailing Address	1735 New York Avenue, NW
	Washington         DC         20006
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Manager, PAC	Telephone number     202     -     626     -     7381

FEC Form 1 (Revised 02	2/2	200	)9)																				]	Pag	e 4	1		
Full Name of Designated Agent									[																		1	
Mailing Address																												
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Title or Position ▼																												
												Tel	eph	one	ə n	umt	ber				- [							

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.

		Bank									
Mailing Address		2275 Research Blvd.									
		Suite 600									
		Rockville		MD 20850							
				STATE 🔺	ZIP CODE ▲						
Name of Bank, [	Name of Bank, Depository, etc.										
Mailing Address											
			CITY ▲	STATE A	ZIP CODE ▲						

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Removing Assistant Treasurer

Form/Schedule: Transaction ID: