FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 5
1. NAME OF COMMITTEE (in full)) (Check if name Example: If typing, type over the lines.	12FE4M5
GAI Consulta	nts, Inc Political Action Committee	
ADDRESS (number and st	385 E WATERFRONT DR	
(Check if address is changed)	ess	
	HOMESTEAD	PA 15120 STATE▲ ZIP CODE▲
COMMITTEE'S E-MAIL A	ADDRESS	
(Check if address is changed)	ess k.palvisak@gaiconsultants.com	
	Optional Second E-Mail Address a.macmillan@gaiconsultants.com	
COMMITTEE'S WEB PAC (Check if addre is changed)		
2. DATE 08	/ D D / Y Y Y Y 14 2018	
3. FEC IDENTIFICATIO	ON NUMBER ► C C00685339	
4. IS THIS STATEMEN	T NEW (N) OR AMENDED (A)	
I certify that I have exam	nined this Statement and to the best of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Tr	easurer Palvisak, Karl, S., ,	
Signature of Treasurer	Palvisak, Karl, S., , [Electronically Filed]	Date 08 / D D / Y Y Y Y Y 2018
NOTE: Submission of false	e, erroneous, or incomplete information may subject the person signing the ANY CHANGE IN INFORMATION SHOULD BE REPORTED WI	
Office Use Only	For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

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TYPE OF	COMMITTEE
Candida	te 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	L
Candidate Party Affilia	ation Office Sought: House Senate President District
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Part
Political	Action Committee (PAC):
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization 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 segregated fund or part 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.)
Joint Fur	idraising Representative:
(g)	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.
(h)	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.
Co	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

GAI Consultants, Inc. - Political Action Committee

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

GAI Consultar				
Mailing Address	385 East Waterfi	ront Drive		
	Homestead		PA	15120
		CITY	STATE	ZIP CODE
Relationship:	Connected Organization	Affiliated Committee	oint Fundraising Representative	e Leadership PAC Sponsor
7. Custodian of Re books and record		dress (phone number opti	ional) and position of the pers	on in possession of committee
	Palvisak, Karl, S., ,			
Full Name	385 East Waterf	íront Drive		
Mailing Address				
	1			
	Homestead		PA	15120
Title or Position	Homestead	CITY		15120

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	Palvisak, Karl, S., ,
of Treasurer	
Mailing Address	385 East Waterfront Drive
	Homestead
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 321 319 3021

Full Name of Designated Agent	Macmillan, Alexander, S., ,				
Mailing Address	385 East Waterf	front Drive			
	Homestead			PA 15120)
		CITY		STATE	ZIP CODE
Title or Position Assistant Treasu	er		Telephone nu	ımber 321 –	319 3024

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.

PNC B	ank		
Mailing Address	The Tower at PNC Plaza		
	300 Fifth Avenue		
	Pittsburgh	PA	15222
	CITY	STATE	ZIP CODE
Name of Bank, Depository, o	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

Ima	ge# 201808149119618820		
	FEC Form 1S (Revised 02/20	17) Optional Supplemental Informati for Lines 5(g) or (h), 6, 8 and/or	
5(g)	or(h). Joint Fundraising	Participant:	
	1.	FEC	ID number
	2.	FEC	ID number C
	3.	FEC	ID number C
	4.	FEC	ID number C
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising F	Representative, or Leadership PAC Sponsor
	Mailing Address		
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Drganization Affiliated Committee Joint Fundrais	sing Representative Leadership PAC Sponsor
8.		by name, address (phone number – optional) Anthony, F., ,	
	Mailing Address	385 East Waterfront Drive	
		Homestead	PA 15120
	TITLE OR POSITION	CITY A	STATE ▲ ZIP CODE ▲
		Telephone	Number 412 - 399 - 5197

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.																													
Mailing Address	L																												
	L																												
	CITY 🔺										STATE A								ZIP CODE										