1403 - 128 - 4150

FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED

2014 AUG 15 AH 9: 33 Office Use Only

જ.

NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Apartmetn & Office Building Association of Metropolitan Washington					
Metro PAC Federal					
ADDRESS (number and street)	10,50 17tk	street,	NW, Suite	300	
Check if different than previously reported. (ACC)	Washington	n		DC 2,0	936, -
2. FEC IDENTIFICATION NU	MBER ▼	CITY A		STATE A	ZIP CÓDE ▲
60295642		3. IS THIS REPORT	NEW (N)	OR (A)	DED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Quarterly Report (Non-election Year Only) (MY) Termination Report (TER)	(c) 12-Day PRE-Ele Report fo	Election on	May 20 Jun 20 Jul 20 (Primary (12P) Convention (12C) General (30G)	(M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) M10) Jan 31 (YE) Runoff (12R)
5. Covering Period 01 01 2014 through 03 31 2014					
Type or Print Name of Treasurer William Shaun Pharr Signature of Treasurer William Shaun Pharr Date Date Date Visconting this Report to the penalties of 2 U.S.C. §437g.					
Office Use Only	ous, or incomplete in	normanon may sub	ject the person sign		EC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name Apartmetr Metropolitan Washington Met	n & Office Building Ass cro PAC Federal	sociation of
Report Covering the Period: From: 01	01 2014	o: 03 31 2014
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 80.00		$\frac{80.00}{80.00}$
(b) Cash on Hand at Beginning of Reporting Period	80 • 00.	
(c) Total Receipts (from Line 19)		The state of the s
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	A-1-17-18-12-78-10-10-08-1	BO.00
7. Total Disbursements (from Line 31)	0.00	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80-80-	80.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	. 100.00	
This committee has qualified as a multicand	lidate committee. (see FEC FORM 1M)	
Fo	or further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

1403-128-4152

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name Apartment & Office Building Association of Metropoltian Washington Metro PAC Federal

R	eport Covering the Period: From: 0	1 01 2014 To:	03 31 2014
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	(a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	0.00	C 0 00
	(ii) Unitemized(iii) TOTAL (add	0.00	0.00
	Lines 11(a)(i) and (ii)▶	0.00	
	(b) Political Party Committees	0.00	O O O
	(such as PACs)(d) Total Contributions (add Lines		0.00
40	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	0.00	0.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	9.00	Q. Q. Q.
16.	Refunds of Contributions Made to Federal Candidates and Other		
17.	Political Committees Other Federal Receipts	0.00	The state of the s
18.	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	1	0.00
. •	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	0.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	0.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal		Company of the second s
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		The state of the s
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures		Beneficial sales as been discontinued in the sail sails we
	(c) Total Operating Expenditures		0.00
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
22.	Transfers to Affiliated/Other Party		many transfer of the state of t
23 .	Committees Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24.	Independent Expenditures	The state of the s	American agent agent and the mark market and promise and a second and a second and a second and a second and a
25	(use Schedule E)	0.00	0.00
23.	(2 U.S.C. §441a(d)) (use Schedule F)		Description of the second of t
26.	Loan Repayments Made	0.00	0.00
			and the second s
	Loans MadeRefunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(000) 00 11(00)	0.00	
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
29:	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C. §431(20))	·	
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share		0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	9.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00
32.	Total Federal Disbursements		·
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		and makendand and and and are been level
	from Line 31)	0.00	0,00
		·	
]			·

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans)	In servicement the contract of	Emagailine mendimente de anticipat anticipat de la company
(from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds	Secretaria de la constanta de	And the second s
(from Line 28(d))	9.00	0.00
35. Net Contributions (other than loans)	and a facility who after the state of the state of	Barner Branch and Branch Brand Branch Branch Branch Branch Branch Branch Branch Branch Branch
(subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures		Better British Better British British Colored
(add Line 21(a)(i) and Line 21(b)) ▶	9-00	0.00
37. Offsets to Operating Expenditures	Leading to a state and the control of the state of the st	Expression of the second of th
(from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures	Anna transfer and	Secretary Control of the Control of
(subtract Line 37 from Line 36)	0.00	0.00

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4155

SCHEDULE A (FEC Form 3X)		inarato eshadul-(-)	FOR LINE NUMBER: PAGE 6 OF 21
ITEMIZED RECEIPTS		parate schedule(s) h category of the	(check only one)
		d Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and	Statements may not be	sold or need by one	
or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Apart			
Metropolitan Washingt	on Metro PAC	Federal	
V		· .	
Full Name (Last, First, Middle Initial) A.			Date of Receipt
Mailing Address			Date of Herseld
			Account of the control of the contro
City	State Zip C	Code	Executioned Recombined to the second
			Amount of Each Receipt this Period
FEC ID number of contributing	C	ome de que de la constante de	The state of the s
federal political committee.			man demand with the of the section of the contract of the contract of the contract of
Name of Employer	Occupation		7
	1		_
Receipt For: Primary General	Aggregate Year-to-Da	•	
Other (specify)			
· <u> </u>			<u> </u>
Full Name (Last, First, Middle Initial)			
B.			Date of Receipt
Mailing Address			KAK I DOD I TO CETA
City .	State Zip C	Code	
	·		Amount of Each Receipt this Period
FEC ID number of contributing	ici		
federal political committee.			
Name of Employer	Occupation		1
]		<u></u>
Receipt For.	Aggregate Year-to-Da	ate ▼	
Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)			
C			Date of Receipt
Mailing Address		•	1000 / 1000 / 1000
City	State Zip C	ode	- Later Later Later Control
· · · · · · · · · · · · · · · · · · ·			Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		Luniana
Name of Employer	Occupation		
· ·	1		
Receipt For:	Aggregate Year-to-Da	ite ▼	7
Primary General			
Other (specify)			
		· · · · · · · · · · · · · · · · · · ·	
SUBTOTAL of Receipts This Page (optional)			0.00
TOTAL This Period flast page this line number	only)		0.00

1403
128
1156

SCHEDULE B (FEC Form 3X) PAGE OF FOR LINE NUMBER: 21 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 216 25 26 **Detailed Summary Page** 27 28a 30b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Apartmetn & Office Building Association of NAME OF COMMITTEE (In Full) Metropolitan Washington Metro PAC Federal Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Senate **Primary** General President Other (specify) State: District: Full Name (Last, First, Middle Initial) В. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Senate General **Primary** President Other (specify) -District: State: Full Name (Last, First, Middle Initial). C. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Senate General **Primary** President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional).

TOTAL This Period (last page this line number only).

.00

SCHEDULE C (FEC Form 3X) LC

DANS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 OF 21 FOR LINE 13 OF FORM 3X		
MME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropoltian Washington Metro PAC Federal				
-				
LOAN SOURCE Full Name (Last, First, Middle Initial) Apartme Buildign Association Legal Defense F	ent & Office	ection: Primary General		
Mailing Address	x	Other (specify) ▼		
1050 17th Street, NW, Suite 300 City Washington State DC ZIP Con		Fund Account		
Original Amount of Loan Cumulative Payment To		Outstanding at Close of This Period		
100.00		100.00		
TERMS Date Incurred Date Due	Interest Rate	Secured:		
Made : 12,02 : Landerdon Line : Lange : Lange :	2014	% (apr) X Yes No		
List All Endorsers or Guarantors (if any) to Loan Source	·			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer	· · · · · · · · · · · · · · · · · · ·		
Mailing Address	Occupation			
	Amount programme	Manuschamber attendent the seather seather		
City State ZIP Code	Guaranteed Quaranteed Quaranteed Quaranteed			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount	D-CTOCKS AND THE AND T		
City State ZIP Code	Guaranteed Outstanding:	and the state of t		
4. Full Name (Last, First, Middle Initial) Name of Employer.				
Mailing Address	Occupation			
	Amount p			
City State ZIP Code	Guaranteed Outstanding:			
UBTOTALS This Period This Page (optional)				
OTALS This Period (last page in this line only)	>	100-00		
arry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page Q of Schedule C

Federal Election Commission, Washington, D.C. 20463	•		
NAME OF COMMITTEE (In Full).		FFC	DENTIFICATION NUMBER
Apartment & Office Building As	يسيع [majorimentalin ettein er	
		00295642	
Metropolitan Washington, Metro) buc rederat		
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name	Lacina material	*	manufacture of the
	عبد المستحدث المستحدث	,	ame de moins de le mais de
			
Mailing Address	Date	• •	1 ilange i materiale
•	Date Incurred or Establishe	description of the	المناسية المناسية المناسية
City State Zip Code	Date Due		
	1	- Consideration	
	•		i same i which i ench
A. Has loan been restructured? No Yes	If yes, date originally incurr	ed (material)	Line Emiliane -
B. If fine of credit,	Total	****************	
Amount of this Draw.	Outstanding Balance:		•
	and and the same of	E	المرابعة الم
C. Are other parties secondarily liable for the debt incur	red?		
	nust be reported on Schedule C.		·
O. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of	loan: real estate; personal		alue of this collateral?
docks, accounts receivable, cash on deposit, or other	er similar traditional collateral?	134	•
No Yes II yes, specify:		.:	tamentine construct.
		Does the land	er have a perfected securi
			No Yes
E. Are any future contributions or future receipts of intercollateral for the loan? \(\) No \(\) Yes If yes,	est income, pleaged as	What is the e	stimated value?
Consider the fourth Direct in Jess in Jess			
	· · · · · · · · · · · · · · · · · · ·		والمراجع والمساوم والمسافق وال
A depository account must be established pursuant	Location of account:		
to 11 CFR 100.82(e)(2) and 100.142(e)(2).	444	<u> </u>	
Date account established:	Address:	•	•
14-44 18-64 14-44-44	City, State, Zip:		
furnished fundament from			
F. If neither of the types of collateral described above wa the loan amount state the basis upon which this loan	s pleaged for this loan, or if the was made and the basis on wh	emount pleaged ich it assures re	-does not equal or exceed payment
G. COMMITTEE TREASURER	•	DATE	
Typed Name Signature		- YEAR	Salli : minchalver.
Signature	• .	<u> </u>	-
11 Albah a singular and the first and	•		
H. Attach a signed copy of the loan agreement.	•		
L TO BE SIGNED BY THE LENDING INSTITUTION: L To the best of this institution's knowledge, the ten	This of the loan and other inform.	ation recarding t	he extension of the loan
are accurate as stated above.	•	•	
II. The loan was made on terms and conditions (ind	exiting interest rate) no more fav	orable at the tim	e than those imposed for
similar extensions of credit to other borrowers of all. This institution is aware of the requirement that a	comparable credit worthness. Inso must be made on a basis	which accure n	enavment and hee
complied with the requirements set forth at 11 CF	R 100.82 and 100.142 in making	g this loan.	alantument eres ees
HORIZED REPRESENTATIVE		DATE	
ed Name		245-A	٠٠٠٠ المالية ا
nature - Title			
			men management

SCHEDULE D (FEC Form 3X)	(Use separate 10 PAGE 21 OF
DEBTS AND OBLIGATIONS	schedule(s) FOR LINE NUMBER. for each (check only one) 1 9
Excluding Loans	numbered line)
. NAME OF COMMITTEE (In Full) Apartment & Office Buildi Metropolitan Washington,	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
. City State Zip Code	
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Outstanding Balance at Cose of This Period
B. Full Name (Last First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period Amount liquined This Period Payment This Period	Outstanding Balance at Close, of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
. Maiing Address	
City State Zip Code	
Ourstanding Balance Beginning This Period	
Amount Incurred This Period Payment This Period	Outstanding Balance at Cose of This Period
	and between the beautiful and the second sections
1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
TOTALS This Period (last page this line number only)	material ample of the control of the

SCHEDULE E (FEC F	form 3X)
TEMIZED INDEPENDENT	EXPENDITURES
NAME OF COMMITTEE (IN FUIT)	Apartment

• •		2.5			•		FOR LINE	24 OF FORM 32
N/	WE OF COMMITTEE (In Full) Apartment 8	off	ice Bui	ldin	g As	soci	TEC TUENTIFICA	TION NUMBERY
	Of Metropolitan Washing	iton,	Metro	PAC	Fede	ral	Sometime in the	minmbranian
	Check if 24hour notice 48-hour notice						[C; 00295	542
	Full Name (Last First, Middle Initial) of Payee	·	•		·	Date		·
	•					THE	۽ عدون ۽ پيون	الاستسارة الأزا
	Mailing Address					į.	mustani sami	. سرید سب موبرست
ľ						Amoun	t	
	City	tate	Zip Code			1	and the second	بدومانية ويريحه بدووسب المؤملية
			r		-1 045	Sair-Aras	شين نيوس المسالم	ندمت. والمدوسسيين
1	Purpose of Expenditure		Category/ Type		S One	e Sough	House Senate	State:
-	Name of Federal Candidate Supported or Opposed by	Expendi	- 1		7		President	District
		·			Ched	k One:	Support	Oppose
	Calendar Year To-Date Per Election			-	Oisb	ursement		General
	tor Office Sought		<u> </u>	أستسأ	1	Othe	er (specify)	
F	Full Name (Last, First, Middle Initial) of Payee					Date		
L							، أعدواً ، أو	Shirthing !
'	Mailing Address				}	Amount	المعطرة المعطريونية	Construction of the second
-	Olty Su	ite	Zip Code			نرستست		mustert setui
	·		· · · · · ·			<u> </u>	-Alinetina	فيصعقيانسي محصمه
P	Purpose of Expenditive	. /	Category/ Type	<u> </u>	Office	Sought:	House Senate	State:
L	lame of Federal Candidate Supported or Opposed by E	menditu	4	<u></u>	1		President	District:
"				<u>.</u> .	Check	One:	Support	Oppose
\vdash	Calendar Year-To-Date Per Election	~~~	inantaini.	بينائب	Disbu	sement F	or: Primary	General
	tor Office Sought			۔ اُنے	1		(specify)	
								
a)	SUBTOTAL of Hemized Independent Expenditures	· ·······			.		and the state of t	0.00
		•		:: :			erinameninamenten en komen er er Heriotopia	- Commentered
b)	SUBTOTAL of Unitemized Independent Expenditures							0,00
					,	1549-144 04	Property of the Party of the Pa	
c)	TOTAL Independent Expenditures		************		≯ : m		accommoditions.	0:00
ith,	er penalty of perjury I certify that the tridependent exp or at the request or suggestion of, any candidate or a committee) any political party committee or its agent.	enditures utnorized	reported here	in were r	ot made either, o	in coope r (il the n	eation, consultation	L or concert of a political
	• •					•		_
		•		• -	insans.	- 55		₹].
Si	gnature			* Date	in-ur	- 	 بر ساست _ا ب	
	•						· .	

SCHEDULE F (FEC Form 3X)
ITEMEZED COORDINATED PARTY EXPENDITURES MADE BY

POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE PAGE 12 (2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election) FOR LINE 25 OF FORM 3X Apartment & Office Building Association NAME OF COMMITTEE (In Full) Check if 24-hour notice of Metropolitan Washington, Metro PAC Federal Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? YES Mailing Address If YES; name the designating committee: City Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Categoryl Mailing Address Type Date Ctty State Zlp Code Name of Federal Candidale Supported Office Sought House State: Senate District: Presidential Aggregate General Election Umit Raised Due to Opponent's Spending (2 U.S.C. \$441 a(I)/441a-I) Expenditure for this Candidate Purpose of Expenditure Full Name (Last First Middle Initial) of Each Payee Calegory/ Mailing Address Type Date State Zip Code Name of Federal Candidate Supported Office Sought House State Amount Senate District: Presidential Aggregate General Election Limit Raised Due to Opponent's Spend-I Limit riaised 550 (1)/441a-1) ing (2 U.S.C. §447a(1)/441a-1) Expenditure for this Candidate. Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category Mating Address Type · Date Zip Code Name of Federal Candidate Supported Office Sought: **Flouse** State: Amount Senate District: Presidential Aggregate General Election Limit Raised Due to Opponents Spend-Expenditure for this Candidate > ing (2 U.S.C. §44120/4412-1) 0.00 SUBTOTAL of Expenditures This Page (optional) 0.00 TOTAL This Period (last page this line number only).

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds and Nonconnected Committees Only)

NAME OF COMMFTTEE (In Full) Apartment & Office Building Association of Metropolitan Washington, Metro PAC Federal
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
P. Sanguata Carrented Funda and Nanconnected Committees
B. Separate Segregated Funds and Nonconnected Committees Eat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% lederal funds, check if
If the committee is spending more than 50% federal funds, indicate ratio below
Federal
Nonfederal
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

ACTIVITY IS:

New

Fundraising

CHECK IF THE RATIO IS:

- Revised

Direct Candidate Support

Same as Previously Reported

SCHEJULE IIZ (FEC POINT-3X)	•	laios as
ALLOCATION RATIOS		PAGE 14 OF 21
NAME OF COMMITTEE (In Full Apartment & Office Buil Metropolitan Washington, Metro PAC F	lding Association Rederal	of ·
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CAND ACTIVITIES APPEARING ON THIS REPORT.	IDATE SUPPORT	
Methods of allocation:	•	
 FUNDRAISING activities are allocated using the "funds received in expenses must equal the federal proportion of monies raised." 	nethod" where the federal pro	portion of
IL Shared DIRECT CANDIDATE SUPPORT activities are allocated a where the lederal proportion of disbursements is based on the betivity. For PACs Only: Direct candidate support includes public confederal and nonfederal candidates, regardless of whether there is are allocated using a time/space method.	nefit derived by federal candid mmunications or voter drives t	ates from the ac-
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY.IS: Fundraising Direct Candidate Support	2%	0; %
New Revised Same as Previously Reported	**	
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:		%
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Pundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	5%	3%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	IONFEDERAL %
ACTIVITY IS: Fundraising		MODELLA .
ACTIVITY OR EVENT IDENTIFIER		

403 128 4164

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE OF 15 21

	To the control of the
NAME OF COMMITTEE (In Full) Apartment & Office Building Metropolitan Washington Metro PAC Federal	Association of
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vi) Public Communications Referring Only to Party (Made by PAC)	The state of the s
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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF
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FOR LINE 212 OF FORM 3X

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#### SCHEDULE H5 (FEC Form 3X)

### TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE -	, OF	<del></del>	
FOR LINE	185 OF	TOTA	3)

Metropolitan Washi	ngton, Metro PA	C Federa	al .
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TOTAL This Period (GOTV)		somethinger	9,20
TOTAL This Period (Generic Campaign A	ctivity)		0.00
TOTAL This Period (Total Amount of Tran	isters Received)		0.00

# 1403-128-4167

### SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY (To be used by State, District and Local Party Committees Only)

PAGE -18 OF 21 FOR LINE 302 OF FORM 3X

A. Full Name (Last, First, Middle Initial) / Full Or	genization Name	•		of Allocated Activity Voter Registration Voter ID	or Event GOT Generic Car
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SCHEDULE L (FEC Form 3X)
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### SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER: (check only one)

PAGE 20 ¥ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropolitan Washington, Metro PAC Federal

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### SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMUTTEE (IN PURI Apartment & Office Building Association of Metropolitan Washington, Metro PAC Federal

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# POLITAN POLITICAL ACTION COMMITTEE

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