

RECEIVED
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PUBLIC DISCLOSURE
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Office Use Only

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

1. NAME OF COMMITTEE (In full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Apartment & Office Building Association of Metropolitan Washington
Metro PAC Federal

ADDRESS (number and street) 1050 17th Street, NW, Suite 300

Check if different than previously reported. (ACC) Washington DC 20036

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00295642

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |
- Election on [] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|
- Election on [] in the State of []

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer W. Shaun Pharr

Signature of Treasurer *W. Shaun Pharr* Date 01 31 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only											FEC FORM 3X Rev. 12/2004
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10030250243

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name **Apartment & Office Building Association of
Metropolitan Washington, Metro PAC Federal**

Report Covering the Period: From: **07 01 2009** To: **12 31 2009**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2009	50.47	50.47
(b) Cash on Hand at Beginning of Reporting Period.....	(9.47)	
(c) Total Receipts (from Line 19).....	151.04	151.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	141.57	201.57
7. Total Disbursements (from Line 31).....	60.00	120.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	81.57	81.57
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 multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

10030250244

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name **Apartment & Office Building Association of Metropolitan Washington, Metro PAC Federal**

Report Covering the Period: From: **07 / 01 / 2009** To: **12 / 31 / 2009**

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	151.00	151.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.04	0.10
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (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)).....▶	151.04	151.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	151.04	151.10

10030250245

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 Activity (from Schedule H4)			
(i) Federal Share		0.00	0.00
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures		60.00	120.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	▶	60.00	120.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	0.00
24. Independent Expenditures (use Schedule E).....		0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other 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
(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	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	▶	60.00	120.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		60.00	120.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	▶	0.00	0.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	60.00	120.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	60.00	120.00

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 22
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 Buildign Association of Metropolitan Washington, Metro PAC Federal

A. Full Name (Last, First, Middle Initial)
Citizens for EHN

Date of Receipt
12 / 31 / 2009

Mailing Address
P.O. Box 70626

City State Zip Code
Washington, DC 20024

Amount of Each Receipt this Period
151.00

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Check never Cleared - Returned

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

B. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

C. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

SUBTOTAL of Receipts This Page (optional)..... ► 151.00

TOTAL This Period (last page this line number only)..... ► 151.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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.

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

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement
United Bank		07 / 31 / 2009
Mailing Address 1667 K Street, NW		Amount of Each Disbursement this Period 10.00
City	State Zip Code	
Washington	DC 20036	
Purpose of Disbursement Service Charge	Category/Type	
Candidate Name N/A	Disbursement For:	
Office Sought:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
N/A	<input checked="" type="checkbox"/> Other (specify) S/C	
State:	District:	

B.		Date of Disbursement
United Bank		08 / 31 / 2009
Mailing Address 1667 K Street, NW		Amount of Each Disbursement this Period 10.00
City	State Zip Code	
Washington	DC 20036	
Purpose of Disbursement Service Charge	Category/Type	
Candidate Name N/A	Disbursement For:	
Office Sought:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
N/A	<input checked="" type="checkbox"/> Other (specify) S/C	
State:	District:	

C.		Date of Disbursement
United Bank		09 / 30 / 2009
Mailing Address 1667 K Street, NW		Amount of Each Disbursement this Period 10.00
City	State Zip Code	
Washington	DC 20036	
Purpose of Disbursement Service Charge	Category/Type	
Candidate Name N/A	Disbursement For:	
Office Sought:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
N/A	<input checked="" type="checkbox"/> Other (specify) S/C	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶

30.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 8 OF 22	
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 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.

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

Full Name (Last, First, Middle Initial) A. United Bank		Date of Disbursement 10 / 31 / 2009
Mailing Address 1667 K Street, NW		Amount of Each Disbursement this Period 10.00
City Washington	State Zip Code DC 20036	
Purpose of Disbursement Service Charge		Category/ Type
Candidate Name N/A		
Office Sought: N/A	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) S/C	
State: N/A	District: N/A	

Full Name (Last, First, Middle Initial) B. United Bank		Date of Disbursement 11 / 30 / 2009
Mailing Address 1667 K Street, NW		Amount of Each Disbursement this Period 10.00
City Washington	State Zip Code DC 20036	
Purpose of Disbursement Service Charge		Category/ Type
Candidate Name N/A		
Office Sought: N/A	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) S/C	
State: N/A	District: N/A	

Full Name (Last, First, Middle Initial) C. United BANK		Date of Disbursement 12 / 31 / 2009
Mailing Address 1667 K Street, NW		Amount of Each Disbursement this Period 10.00
City Washington	State Zip Code DC 20036	
Purpose of Disbursement Service Charge		Category/ Type
Candidate Name N/A		
Office Sought: N/A	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) S/C	
State: N/A	District: N/A	

SUBTOTAL of Disbursements This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	60.00

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SCHEDULE C (FEC Form 3X)

LOANS

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

FOR LINE 13 OF FORM 3X

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

LOAN SOURCE Full Name (Last, First, Middle Initial) **AOBA Legal Defense Fund** Election: Primary General Other (specify) ▼

Mailing Address **1050 17th Street, NW, Suite 300**
 City **Washington** State **DC** ZIP Code **20036**

Original Amount of Loan 2,000.00	Cumulative Payment To Date 1,900.00	Balance Outstanding at Close of This Period 100.00
--	---	--

TERMS Date Incurred **06 10 2008** Date Due **06 10 2008** Interest Rate **0 % (apr)** Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional) ▶ **0.00**
 TOTALS This Period (last page in this line only) ▶ **0.00**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

10030250251

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page 10 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropolitan Washington, Metro PAC Federal	FEC IDENTIFICATION NUMBER C 00295642
---	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE
Title	

10030250252

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

Outstanding Balance Beginning This Period			
Amount Incurred 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):
Mailing Address		
City	State	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

10030250253

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 12 OF 22
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Apartment & Office Building Association Of Metropolitan Washington, Metro PAC Federal	FEC IDENTIFICATION NUMBER C 00295642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City State Zip Code _____	Date _____ Amount _____
---	----------------------------------

Purpose of Expenditure _____	Category/Type <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: _____		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought _____		

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City State Zip Code _____	Date _____ Amount _____
---	----------------------------------

Purpose of Expenditure _____	Category/Type <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: _____		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought _____		

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date _____

10030250254

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE 13 OF 22 FOR LINE 25 OF FORM 3X

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

Has your committee been designated to make coordinated expenditures by a political party committee? YES NO

Full Name of Subordinate Committee, Mailing Address, City, State, ZIP Code

Payee information block 1: Full Name (Last, First, Middle Initial) of Each Payee, Mailing Address, City, State, Zip Code, Name of Federal Candidate Supported, Office Sought, Amount, Limit Raised Due to Opponent's Spending

Payee information block 2: Full Name (Last, First, Middle Initial) of Each Payee, Mailing Address, City, State, Zip Code, Name of Federal Candidate Supported, Office Sought, Amount, Limit Raised Due to Opponent's Spending

Payee information block 3: Full Name (Last, First, Middle Initial) of Each Payee, Mailing Address, City, State, Zip Code, Name of Federal Candidate Supported, Office Sought, Amount, Limit Raised Due to Opponent's Spending

Summary table with rows: SUBTOTAL of Expenditures This Page (optional) 0.00, TOTAL This Period (last page this line number only) 0.00

10030250255

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 COMMITTEE (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)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check or

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

10030250256

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

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

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p style="text-align: center;">[] %</p>	<p>NONFEDERAL %</p> <p style="text-align: center;">[] %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p style="text-align: center;">[] %</p>	<p>NONFEDERAL %</p> <p style="text-align: center;">[] %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p style="text-align: center;">[] %</p>	<p>NONFEDERAL %</p> <p style="text-align: center;">[] %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p style="text-align: center;">[] %</p>	<p>NONFEDERAL %</p> <p style="text-align: center;">[] %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p style="text-align: center;">[] %</p>	<p>NONFEDERAL %</p> <p style="text-align: center;">[] %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p style="text-align: center;">[] %</p>	<p>NONFEDERAL %</p> <p style="text-align: center;">[] %</p>

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

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

- i) Total Administrative
- ii) Generic Voter Drive
- iii) Exempt Activities.....
- iv) Direct Fundraising (List Activity or Event Identifier)
 - a) _____
 - b) _____
 - c) Total Amount Transferred For Direct Fundraising
- v) Direct Candidate Support (List Activity or Event Identifier)
 - a) _____
 - b) _____
 - c) Total Amount Transferred For Direct Candidate Support.....
- vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	0.00
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred).....	0.00

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SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

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

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date _____ Date _____
Purpose of Disbursement:		Category/Type	
Activity or Event Identifier:			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
_____		_____	_____

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date _____ Date _____
Purpose of Disbursement:		Category/Type	
Activity or Event Identifier:			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
_____		_____	_____

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date _____ Date _____
Purpose of Disbursement:		Category/Type	
Activity or Event Identifier:			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
_____		_____	_____

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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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 18 OF 22
FOR LINE 18B OF FORM 3X

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION
i) Voter Registration	
Total Amount Transferred for Voter Registration	
	VOTER ID
ii) Voter ID	
Total Amount Transferred for Voter ID	
	GOTV
iii) GOTV	
Total Amount Transferred for GOTV	
	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity	
Total Amount Transferred for Generic Campaign Activity	

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION
i) Voter Registration	
Total Amount Transferred for Voter Registration	
	VOTER ID
ii) Voter ID	
Total Amount Transferred for Voter ID	
	GOTV
iii) GOTV	
Total Amount Transferred for GOTV	
	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity	
Total Amount Transferred for Generic Campaign Activity	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration)	0.00
TOTAL This Period (Voter ID)	0.00
TOTAL This Period (GOTV)	0.00
TOTAL This Period (Generic Campaign Activity)	0.00
TOTAL This Period (Total Amount of Transfers Received)	0.00

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**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)

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
City	State	Zip Code	<input type="checkbox"/> Voter ID
Purpose of Disbursement		Category/Type	<input type="checkbox"/> Generic Campaign
Date		Allocated Activity or Event Year-To-Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
City	State	Zip Code	<input type="checkbox"/> Voter ID
Purpose of Disbursement		Category/Type	<input type="checkbox"/> Generic Campaign
Date		Allocated Activity or Event Year-To-Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
City	State	Zip Code	<input type="checkbox"/> Voter ID
Purpose of Disbursement		Category/Type	<input type="checkbox"/> Generic Campaign
Date		Allocated Activity or Event Year-To-Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
0.00		0.00	0.00
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
0.00		0.00	0.00
TOTAL This Period for the Levin Share			
		0.00	

19205205001

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

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

		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS		
	(a) Itemized (Use Schedule L-A)		
	(b) Unitemized		
	(c) Total		
2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS		
	(Add Lines 1c and 2)		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		
	(b) Voter ID		
	(c) GOTV		
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS		
	(Add Lines 4e and 5)		
7.	BEGINNING CASH ON HAND		0.00
	(for Column B, use cash as of January 1st)		
8.	RECEIPTS		0.00
	(from Line 3)		
9.	SUBTOTAL		0.00
	(Add Lines 7 and 8)		
10.	DISBURSEMENTS		0.00
	(From Line 6)		
11.	ENDING CASH ON HAND		0.00
	(Subtract Line 10 From Line 9)		

10030250262

**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: 1a 2
(check only one)

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**

A.

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	Amount of Each Receipt this Period
City State Zip Code	Aggregate Year-to-Date
Name of Employer or Principal Place of Business	
Occupation	

B.

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	Amount of Each Receipt this Period
City State Zip Code	Aggregate Year-to-Date
Name of Employer or Principal Place of Business	
Occupation	

C.

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	Amount of Each Receipt this Period
City State Zip Code	Aggregate Year-to-Date
Name of Employer or Principal Place of Business	
Occupation	

D.

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	Amount of Each Receipt this Period
City State Zip Code	Aggregate Year-to-Date
Name of Employer or Principal Place of Business	
Occupation	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

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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

FOR LINE NUMBER: PAGE 22 OF 22
 (check only one) 4a 4c 5
 4b 4d

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

A.

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

B.

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

C.

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

D.

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

E.

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00
 TOTAL This Period (last page this line number only)..... ▶ 0.00

10030250264

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
1/31/10

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 2/12/10
 PREPARER DATE PREPARED

10030250265