

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
FEDERAL MAIL  
OPERATIONS CENTER

2003 AUG -4 A 10 37  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example if typing, type over the lines.  
Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal

ADDRESS (number and street) Suite 300  
Washington, DC 20036  
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00295642  
3. IS THIS REPORT NEW OR AMENDED (N) OR (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Mar 20 (M3)	Jan 20 (M1)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
July 15 Quarterly Report (Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
October 15 Quarterly Report (Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
January 31 Year-End Report (YE)	Election on:	Convention (12C)	Special (12S)		
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on:			In the State of	

5. Covering Period 01 01 2003 through 06 30 2003

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 Thomas R. Hyland

Signature of Treasurer [Handwritten Signature] Date 07 24 2003

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

Vertical text on the left margin, possibly a scanning artifact or reference number.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 2X (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: **01 01 2003** To: **06 30 2003**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2003	1,502.82	1,502.82
(b) Cash on Hand at Beginning of Reporting Period	1,502.82	1,502.82
(c) Total Receipts (from Line 19)	3,001.21	3,001.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4,504.03	4,504.03
7. Total Disbursements (from Line 31)	4,210.00	4,210.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	294.03	294.03
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	0.00
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	0.00

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 20469

Toll Free 800-424-9630  
Local 202-694-1100

**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: **01 01 2003** To: **06 30 2003**

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).....	3,000.00	
(ii) Unitemized.....	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3,000.00	3,000.00
(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)..... ▶	3,000.00	3,000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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 (Donations, Interest, etc.).....	1.21	1.21
18. Transfers from Non-Federal and Levin Funds:		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H6).....	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))..... ▶	3,001.21	3,001.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3,001.21	3,001.21

**DETAILED SUMMARY PAGE**  
of Disbursements

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 0 0	0 0 0
(ii) Non-Federal Share .....	0 0 0	0 0 0
(b) Other Federal Operating Expenditures .....	2 0 0 0	2 0 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2 0 0 0	2 0 0 0
22. Transfers to Affiliated/Other Party Committees .....	0 0 0	0 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	4 0 0 0 0 0	4 0 0 0 0 0
24. Independent Expenditures (use Schedule E) .....	0 0 0	0 0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0 0 0	0 0 0
26. Loan Repayments Made .....	0 0 0	0 0 0
27. Loans Made .....	0 0 0	0 0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0 0 0	0 0 0
(b) Political Party Committees .....	0 0 0	0 0 0
(c) Other Political Committees (such as PACs) .....	0 0 0	0 0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0 0 0	0 0 0
29. Other Disbursements .....	1 9 0 0 0	1 9 0 0 0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0 0 0	0 0 0
(ii) "Levin" Share .....	0 0 0	0 0 0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0 0 0	0 0 0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0 0 0	0 0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4 2 1 0 0 0	4 2 1 0 0 0
32. Total Federal Disbursements (summarize Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	4 2 1 0 0 0	4 2 1 0 0 0

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 8X (Rev. (2020))

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) .....		
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....		
36. Total Federal Operating Expenditures (and Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

6 2 2 0 2 4 7 2 0 2 3 9

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

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

FOR LINE NUMBER: (check only one)		PAGE 6 OF 22	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 10	<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 Building Association of Metropolitan Washington Metro PAC Federal**

Full Name (Last, First, Middle Initial)  
**A. David H. Hillman**

Mailing Address  
**1950 Old Gallows Road, Suite 600**

City **Vienna** State **VA** Zip Code **22182**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Southern Management Corp.** Occupation: **Property Management**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date: **1 0 0 0 0 0**

Date of Receipt  
**04 - 01 - 2003**

Amount of Each Receipt this Period  
**1 0 0 0 0 0**

Full Name (Last, First, Middle Initial)  
**B. David S. Bender**

Mailing Address  
**1150 Connecticut Avenue, NW, Suite 600**

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Blake Real Estate, Inc.** Occupation: **Property Management**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date: **2 0 0 0 0 0**

Date of Receipt  
**06 - 24 - 2003**

Amount of Each Receipt this Period  
**2 0 0 0 0 0**

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL of Receipts This Page (optional)</b>	<b>3 0 0 0 0 0</b>
<b>TOTAL This Period (last page this line number only)</b>	<b>3 0 0 0 0 0</b>

2003 RELEASE UNDER E.O. 14176

**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)

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 28 30a
------------------------------------	------------------------------------	---	------------------------------------	-----------------------------------	------------------------------------

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**

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Disbursement	
<b>NAA PAC</b>		02 25 2003	
Mailing Address		Amount of Each Disbursement this Period	
201 North Union Street, Suite 200		1,000.00	
City	State	Zip Code	Category/Type
Alexandria	VA	22314	
Purpose of Disbursement		Contribution	
Candidate Name		N/A	
Office Sought:	House	Disbursement For:	
N/A	Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
	President	<input type="checkbox"/> Other (specify) ▼	
State:	District:		

<b>B.</b>		Date of Disbursement	
<b>BOMA PAC</b>		04 09 2003	
Mailing Address		Amount of Each Disbursement this Period	
1201 New York Avenue, NW, Suite 300		1,000.00	
City	State	Zip Code	Category/Type
Washington	DC	20005	
Purpose of Disbursement		Contribution	
Candidate Name		N/A	
Office Sought:	House	Disbursement For:	
N/A	Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
	President	<input type="checkbox"/> Other (specify) ▼	
State:	District:		

<b>C.</b>		Date of Disbursement	
<b>Bush-Cheney 04 c/o David Catania</b>		06 27 2003	
Mailing Address		Amount of Each Disbursement this Period	
2122 Newport Place, NW		2,000.00	
City	State	Zip Code	Category/Type
Washington	DC	20037	
Purpose of Disbursement		Contribution	
Candidate Name		George W. Bush & Richard Cheney	
Office Sought:	House	Disbursement For:	
	Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
	<input checked="" type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)	4,000.00
<b>TOTAL</b> This Period (last page this line number only)	

**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"/> 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 checked="" 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 Building Association of Metropolitan Washington Metro PAC Federal

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 15 / 2003

A.

Virginia Chamber of Commerce

Mailing Address

9 South 5th Street

City

Richmond

State

VA

Zip Code

23219

Purpose of Disbursement Political Lunch with 13

members of the Virginia Delegation

Candidate Name

N/A

Category/Type

Amount of Each Disbursement this Period

1,900.00

Office Sought:

N/A

House

Senate

President

Disbursement For:

Primary

General

Other (specify) Meeting

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

  /  /  

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

  /  /  

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional) ▶

1,900.00

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

4,190.00



**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

PAGE 9 OF 22  
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)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City	State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
			% (APR)	<input type="checkbox"/> Yes <input type="checkbox"/> 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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State ZIP Code
	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State ZIP Code
	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State ZIP Code
	Amount Guaranteed Outstanding:

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.

**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

N/A

NAME OF COMMITTEE (in Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal	FEC IDENTIFICATION NUMBER C 0 0 2 9 5 6 4 2
--	--

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
---	----------------	--------------------------

Mailing Address City State Zip Code	Date Incurred or Established 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 100.62(a)(2) and 100.142(a)(2).  
 Date account established: \_\_\_\_\_ Location of account: \_\_\_\_\_  
 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 100.62 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
--	-------	------

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  
(check only one)

9  
 10

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

1) SUBTOTALS This Period This Page (optional)	0 0 0
2) TOTALS This Period (last page this line number only)	0 0 0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0 0 0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0 0 0

FEDERAL ELECTION COMMISSION

**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 0 0 2 9 6 5 4 2
Check # <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	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____	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	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____	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 0 0
(b) SUBTOTAL of Unitemized Independent Expenditures	0 0 0
(c) TOTAL Independent Expenditures	0 0 0

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 _____
-----------------	------------

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

Check if 24-hour notice

Has your committee been designated to make coordinated expenditures by a political party committee? YES NO If YES, name the designating committee: Mailing Address City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/Type Date Name of Federal Candidate Supported Office Sought House Senate Presidential State: District: Amount Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(A)-1)

Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/Type Date Name of Federal Candidate Supported Office Sought House Senate Presidential State: District: Amount Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(A)-1)

Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/Type Date Name of Federal Candidate Supported Office Sought House Senate Presidential State: District: Amount Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(A)-1)

SUBTOTAL of Expenditures This Page (optional) TOTAL This Period (last page this line number only)

SCHEDULE H1 (FEC Form 3X)

N/A

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NON-FEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES

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

USE ONLY ONE SECTION

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)

Separate Segregated Funds and Non-Connected Committees

Funds Expended

Estimated Direct Candidate Support -- Federal ..... %

Estimated Direct Candidate Support -- Non-Federal ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support -- Federal ..... %

Actual Direct Candidate Support -- Non-Federal .....

2025 RELEASE UNDER E.O. 14176

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

N/A

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.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input checked="" type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Same as Previously Reported	FEDERAL % .....%	NON-FEDERAL % .....%
ACTIVITY OR EVENT IDENTIFIER ----- ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % .....%	NON-FEDERAL % .....%
ACTIVITY OR EVENT IDENTIFIER ----- ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % .....%	NON-FEDERAL % .....%
ACTIVITY OR EVENT IDENTIFIER ----- ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % .....%	NON-FEDERAL % .....%
ACTIVITY OR EVENT IDENTIFIER ----- ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % .....%	NON-FEDERAL % .....%
ACTIVITY OR EVENT IDENTIFIER ----- ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % .....%	NON-FEDERAL % .....%

2025 RELEASE UNDER E.O. 14176

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NON-FEDERAL ACCOUNTS FOR  
 SHARED FEDERAL / NON-FEDERAL 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) Candidate Support (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Candidate Support		

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED		
TOTAL This Period (Administrative)		0.00
TOTAL This Period (Generic Voter Drive)		0.00
TOTAL This Period (Direct Fundraising Amount)		0.00
TOTAL This Period (Direct Candidate Support)		0.00
TOTAL This Period (Exempt Activities)		0.00
TOTAL This Period (Total Amount Transferred)		0.00

2013 APR 15 11:23 AM '13



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR SHARED FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE**

PAGE 17 OF 22  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE OR Full/Department & 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	
City	State	Zip Code	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Category/Type	Date

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

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	
City	State	Zip Code	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Category/Type	Date

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

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	
City	State	Zip Code	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Category/Type	Date

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

<b>SUBTOTAL of Allocated Federal and Non-Federal Activity This Page</b>				
FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00
<b>TOTAL This Period (last page for each line only)(Federal share to 21(a)(3) and Non-Federal share to 21(e)(3))</b>				
FEDERAL SHARE		NON-FEDERAL SHARE		TOTAL AMOUNT
0.00		0.00		0.00
<b>TOTAL This Period for the Non-Federal Share</b>				
		0.00		0.00

**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)

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**

i) Voter Registration

Total Amount Transferred for Voter Registration .....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID .....

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV .....

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

i) Voter Registration

Total Amount Transferred for Voter Registration .....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID .....

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV .....

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity .....

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

**SCHEDULE H5 (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
		Allocated Activity or Event Year-To-Date	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

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
		Allocated Activity or Event Year-To-Date	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

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
		Allocated Activity or Event Year-To-Date	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
TOTAL This Period (last page for each line only) (Federal share to 30(a)(5) and Levin share to 30(a)(6))		
FEDERAL SHARE		TOTAL AMOUNT
0.00		0.00
TOTAL This Period for the Levin Share		
		0.00

**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
<b>1. RECEIPTS FROM PERSONS</b>		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
<b>2. OTHER RECEIPTS .....</b>		
<b>3. TOTAL RECEIPTS .....</b> (Add Lines 1c and 2)	0 0 0	0 0 0
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
<b>5. OTHER DISBURSEMENTS .....</b>		
<b>6. TOTAL DISBURSEMENTS .....</b> (Add Lines 4e and 5)	0 0 0	0 0 0
<b>7. BEGINNING CASH ON HAND .....</b> (If Column B, use cash as of January 1st)	0 0 0	0 0 0
<b>8. RECEIPTS .....</b> (From Line 3)	0 0 0	0 0 0
<b>9. SUBTOTAL .....</b> (Add Lines 7 and 8)	0 0 0	0 0 0
<b>10. DISBURSEMENTS .....</b> (From Line 6)	0 0 0	0 0 0
<b>11. ENDING CASH ON HAND .....</b> (Surplus Line 9 Minus Line 10)	0 0 0	0 0 0

2023-03-28 10:47:23 AM

**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)  1a  2

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 campaign 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

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

**B.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

**C.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

**D.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

0 0 0  
0 0 0

**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

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 campaign 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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

**D.** Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

**E.** Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... 0 0 0

**TOTAL** This Period (last page this line number only) ..... 0 0 0

Federal Election Commission

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7-30-03
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (RC)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMP</i> PREPARER	8-4-03 DATE PREPARED

2003-07-30 10:00:00