

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEDERAL ELECTION COMMISSION CENTER 2003 AUG 20 P 2 20 Office Use Only

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 BAC Federal

ADDRESS (number and street) 1050 17th Street, NW Suite 300 Washington DC 20036

2. FEC IDENTIFICATION NUMBER C00295642 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for this: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for this: General, Runoff, Special.

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.

**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:

 / /

To:

 / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2003"/>		<input type="text" value="1 50282"/>
(b) Cash on Hand at Beginning of Reporting Period	<input type="text" value="1 50282"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3 00821"/>	<input type="text" value="3 00821"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="4 504 03"/>	<input type="text" value="4 504 03"/>
7. Total Disbursements (from Line 31)	<input type="text" value="4 210 00"/>	<input type="text" value="4 210 00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="294 03"/>	<input type="text" value="294 03"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0 00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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 20463

Toll Free 800-424-9530
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 0 0 0 0 0	
(ii) Unitemized	0 0 0	
(ii) TOTAL (add Lines 11(a)(i) and (ii))	3 0 0 0 0 0	3 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 Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 33, page 5)	3 0 0 0 0 0	3 0 0 0 0 0
12. Transfers From Affiliated/Other Party Committees	0 0 0	0 0 0
13. All Loans Received	0 0 0	0 0 0
14. Loan Repayments Received	0 0 0	0 0 0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0 0 0	0 0 0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0 0 0	0 0 0
17. Other Federal Receipts (Dividends, Interest, etc.)	1 2 1	1 2 1
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0 0 0	0 0 0
(b) Levin Funds (from Schedule H5)	0 0 0	0 0 0
(c) Total Transfers (add 18(a) and 18(b))	0 0 0	0 0 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3 0 0 1 2 1	3 0 0 1 2 1
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3 0 0 1 2 1	3 0 0 1 2 1

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)		
26. Loan Repayments Made	0 0 0	0 0 0
27. Loans Made	0 0 0	0 0 0
28. Refunds of Contributions Tax		
(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
(j) "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)(j) 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 (subtract Line 21(a)(ii) and Line 30(a)(i) from Line 31)	4 2 1 0 0 0	4 2 1 0 0 0

DETAILED SUMMARY PAGE
of Disbursements

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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 (add Line 21(a)(1) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

20030203 08:17:03 23038192441

**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 checked="" 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 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 State Zip Code

Vienna VA 22182

FEC ID number of contributing federal political committee.

C

Date of Receipt

04 / 01 / 2003

Amount of Each Receipt this Period

1 0 0 0 0 0

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

Full Name (Last, First, Middle Initial)

B. David S. Bender

Mailing Address

1150 Connecticut Avenue, NW, Suite 600

City State Zip Code

Washington DC 20036

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 / 24 / 2003

Amount of Each Receipt this Period

2 0 0 0 0 0

Name of Employer

Occupation

Blake Real Estate, Inc.

Property Management

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Date of Receipt

06 / 24 / 2003

Amount of Each Receipt this Period

0 0 0 0 0 0

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

0 0 0 0 0 0

SUBTOTAL of Receipts This Page (optional) ▶

3 0 0 0 0 0

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

3 0 0 0 0 0

**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"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a
	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c
	<input type="checkbox"/> 25 <input type="checkbox"/> 28	<input type="checkbox"/> 26 <input type="checkbox"/> 28e

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

Full Name (Last, First, Middle Initial) **NBA PAC**

Mailing Address **201 North Union Street, Suite 200**

City **Alexandria** State **VA** Zip Code **22314**

Purpose of Disbursement **Contribution** Category/Type

Candidate Name **N/A**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: **N/A** District: **N/A**

Date of Disbursement: **02 / 25 / 2003**

Amount of Each Disbursement this Period: **3 0 0 0 0 0**

Full Name (Last, First, Middle Initial) **BOBA PAC**

Mailing Address **1201 New York Avenue, NW, Suite 300**

City **Washington** State **DC** Zip Code **20005**

Purpose of Disbursement **Contribution** Category/Type

Candidate Name **N/A**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: **N/A** District: **N/A**

Date of Disbursement: **04 / 09 / 2003**

Amount of Each Disbursement this Period: **1 0 0 0 0 0**

Full Name (Last, First, Middle Initial) **Bush-Cheney 04 c/o David Cabaniss**

Mailing Address **2122 Newport Place, NW**

City **Washington** State **DC** Zip Code **20037**

Purpose of Disbursement **Contribution** Category/Type

Candidate Name **George W Bush & Richard Cheney**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: **N/A** District: **N/A**

Date of Disbursement: **06 / 27 / 2003**

Amount of Each Disbursement this Period: **2 0 0 0 0 0**

SUBTOTAL of Disbursements This Page (optional) **4 0 0 0 0 0**

TOTAL This Period (last page this line number only) **4 0 0 0 0 0**

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

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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 checked="" type="checkbox"/> 29c	<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 Building Association of Metropolitan Washington Metro PAC Federal**

Full Name (Last, First, Middle Initial)

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

Office Sought: House Senate President
N/A

Disbursement For: Primary General Other (specify) **Meeting**

State: _____ District: _____

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2003

Amount of Each Disbursement This Period

1,900.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City _____ State _____ Zip Code _____

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement This Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City _____ State _____ Zip Code _____

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement This Period

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

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FOR LINE 18 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:

- Primary
General
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:

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:

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)

TOTALS This Period (last page in this fine only)

0.00
0.00

Carry outstanding balance only to LINE 8, 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 5 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	Date Incurred or Established	Date Due
City State Zip Code	Date Due	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 Title DATE

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedules(a) 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 Zip Code

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 Zip Code

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 Zip Code

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

Table with 4 rows and 2 columns: Description of subtotals and totals, and corresponding numerical values in a box.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 12 OF 22
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) Department & Office Building Association of Metropolitan Washington Metro PAC Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice Federal	FEC IDENTIFICATION NUMBER C 0 0 2 9 6 5 4 2
---	--

Full Name (Last, First, Middle Initial) of Payee Mailing Address City State Zip Code	Date <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> / <input type="text"/> / <input type="text"/> </div> Amount <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> </div>
--	---

Purpose of Expenditure Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought	Category/Type <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> </div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) > _____
--	---	--

Full Name (Last, First, Middle Initial) of Payee Mailing Address City State Zip Code	Date <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> / <input type="text"/> / <input type="text"/> </div> Amount <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> </div>
--	---

Purpose of Expenditure Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought	Category/Type <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> </div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) > _____
--	---	--

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> <input type="text"/> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> <input type="text"/> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> <input type="text"/> </div>

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.

Date / /

Signature _____

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 Mailing Address City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Mailing Address City State ZIP Code 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 Mailing Address City State ZIP Code 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 Mailing Address City State ZIP Code 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 (38% 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

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 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	<input type="text"/> %	<input type="text"/> %
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	<input type="text"/> %	<input type="text"/> %
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	<input type="text"/> %	<input type="text"/> %
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	<input type="text"/> %	<input type="text"/> %
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	<input type="text"/> %	<input type="text"/> %
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	<input type="text"/> %	<input type="text"/> %

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NON-FEDERAL ACCOUNTS FOR
 SHARED FEDERAL / NON-FEDERAL ACTIVITY**

PAGE 16 OF 22
 FOR LINE 18 OF FORM 3X

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

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	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 0 0
TOTAL This Period (Generic Voter Drive)		0 0 0
TOTAL This Period (Direct Fundraising Amount)		0 0 0
TOTAL This Period (Direct Candidate Support)		0 0 0
TOTAL This Period (Exempt Activities)		0 0 0
TOTAL This Period (Total Amount Transferred)		0 0 0

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
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER

i) Voter Registration
Total Amount Transferred for Voter Registration

ii) Voter ID
Total Amount Transferred for Voter ID

iii) GOTV
Total Amount Transferred for GOTV

iv) Generic Campaign Activity
Total Amount Transferred for Generic Campaign Activity

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER

i) Voter Registration
Total Amount Transferred for Voter Registration

ii) Voter ID
Total Amount Transferred for Voter ID

iii) GOTV
Total Amount Transferred for GOTV

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)

TOTAL This Period (Voter ID)

TOTAL This Period (GOTV)

TOTAL This Period (Generic Campaign Activity)

TOTAL This Period (Total Amount of Transfers Received)

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-N)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS (Add Lines 1c and 2)	0 0 0	0 0 0
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)	0 0 0	0 0 0
7. BEGINNING CASH ON HAND (For Column B, use cash as of January 1st)	0 0 0	0 0 0
8. RECEIPTS (From Line 3)	0 0 0	0 0 0
9. SUBTOTAL (Add Lines 7 and 8)	0 0 0	0 0 0
10. DISBURSEMENTS (From Line 6)	0 0 0	0 0 0
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)	0 0 0	0 0 0

**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 PBC Federal

A. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount of Each Receipt this Period <input type="text"/>
City State Zip Code	Aggregate Year-to-Date <input type="text"/>
Name of Employer or Principal Place of Business	
Occupation	
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount of Each Receipt this Period <input type="text"/>
City State Zip Code	Aggregate Year-to-Date <input type="text"/>
Name of Employer or Principal Place of Business	
Occupation	
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount of Each Receipt this Period <input type="text"/>
City State Zip Code	Aggregate Year-to-Date <input type="text"/>
Name of Employer or Principal Place of Business	
Occupation	
D. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount of Each Receipt this Period <input type="text"/>
City State Zip Code	Aggregate Year-to-Date <input type="text"/>
Name of Employer or Principal Place of Business	
Occupation	
SUBTOTAL of Receipts This Page (optional)	<input type="text"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 PACDFederal

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

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

D.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

E.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <u>8/20/03</u>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	
<u>ET</u> PREPARER	<u>8/20/03</u> DATE PREPARED