

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Building Owners and Managers Association International Political Action Committee

ADDRESS (number and street) ▼

1101 15th St., NW

Suite 800

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106435

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:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

05

01

2015

05

31

2015

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 Karen W Penafiel

Signature of Treasurer

Karen W Penafiel

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

01

14

2016

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Building Owners and Managers Association International Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">64012.66</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">80547.19</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">3266.70</span>	<span style="border: 1px solid black; padding: 2px;">23698.97</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">83813.89</span>	<span style="border: 1px solid black; padding: 2px;">87711.63</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">8896.81</span>	<span style="border: 1px solid black; padding: 2px;">12794.55</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">74917.08</span>	<span style="border: 1px solid black; padding: 2px;">74917.08</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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. 06/2004)

Page 3

Write or Type Committee Name

**Building Owners and Managers Association International Political Action Committee**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
05 01 2015

To:

M M / D D / Y Y Y Y Y  
05 31 2015

**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).....

1180.00

9011.00

(ii) Unitemized .....

1860.00

8062.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

3040.00

17073.00

(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) .....

3040.00

17073.00

**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**

(Dividends, Interest, etc.).....

226.70

6625.97

**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))..... ▶**

3266.70

23698.97

**20. Total Federal Receipts**

(subtract Line 18(c) from Line 19) .....

3266.70

23698.97

**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 .....	96.81	694.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	96.81	694.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	8000.00
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 .....	3800.00	4100.00
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))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8896.81	12794.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8896.81	12794.55

**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) .....	3040.00	17073.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3040.00	17073.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	96.81	694.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	96.81	694.55

# **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 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

**Building Owners and Managers Association International Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Henry H. Chamberlain**

Mailing Address 5910 Calla Drive

City

McLean

State

VA

Zip Code

22101-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOMA International

Occupation

President & Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2015

Transaction ID : 7007247

Amount of Each Receipt this Period

110.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kent C. Gibson**

Mailing Address 1639 S Wilford Dr

City

Kaysville

State

UT

Zip Code

84037-9521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capstone Property Management

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 08 / 2015

Transaction ID : 7010183

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Lisa Prats**

Mailing Address 9612 Sutherland Road

City

Silver Spring

State

MD

Zip Code

20901-3262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOMA International

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 14 / 2015

Transaction ID : 7031966

Amount of Each Receipt this Period

250.00

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

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

760.00

# **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 7 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Building Owners and Managers Association International Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Shane Baggett**

Mailing Address 10026 Coppedge Lane

City State Zip Code  
 Dallas TX 75229-6106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Crescent Real Estate Equities Ltd.

Occupation  
 General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 18 2015

**Transaction ID : 7051652**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Elisabeth Hensley**

Mailing Address 313 Plum Drive

City State Zip Code  
 Austin TX 78734-3848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Texas Medical Association

Occupation  
 Real Estate Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 21 2015

**Transaction ID : 7067439**

Amount of Each Receipt this Period

20.00

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

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

420.00

1180.00

# **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 8 OF 12

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Building Owners and Managers Association International Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. BOMA International**

Mailing Address 1101 15th Street, NW  
Suite 800

City Washington State DC Zip Code 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.63

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 12 / 2015

**Transaction ID : 7068023**

Amount of Each Receipt this Period

226.70

Bank Fees April + March 2015

Full Name (Last, First, Middle Initial)

## **B.**

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

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

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

226.70

226.70



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 12

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Building Owners and Managers Association International Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Suntrust Bank**

Mailing Address P.O.Box 622227

City  
OrlandoState  
FLZip Code  
32862-2227Purpose of Disbursement  
Bank Fees May 2015

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:              District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05      20      2015
**Transaction ID : 7219295**

Amount of Each Disbursement this Period

96.81

Bank Fees May 2015

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:              District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

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  
State:              District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

96.81

96.81

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

**Building Owners and Managers Association International Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Grassley Committee Inc**

Mailing Address PO Box 1000

City	State	Zip Code
Des Moines	IA	50304

Purpose of Disbursement

011

Candidate Name

**Charles E. Grassley**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

**Transaction ID : 7014933**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Stabenow For Us Senate**

Mailing Address P.O. Box 4945

City	State	Zip Code
East Lansing	MI	48826

Purpose of Disbursement

011

Candidate Name

**Sen. Debbie Stabenow**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

**Transaction ID : 7014935**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Lisa Murkowski For Us Senate**

Mailing Address PO Box 100847

City	State	Zip Code
Anchorage	AK	99510

Purpose of Disbursement

011

Candidate Name

**Lisa Murkowski**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

**Transaction ID : 7015021**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

**Building Owners and Managers Association International Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City	State	Zip Code
Wadsworth	OH	44281

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. James Renacci**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

**Transaction ID : 7064731**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Nancy Pelosi For Congress**Mailing Address 700 13th Street, Nw  
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Nancy Pelosi**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

**Transaction ID : 7064732**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

2000.00

5000.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Building Owners and Managers Association International Political Action Committee

### A. BOMA International

Mailing Address 1101 15th Street, NW  
Suite 800

City	State	Zip Code
Washington	DC	20005

Transaction ID : 7007037

Purpose of Disbursement	Misdeposited Funds

008

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

3800.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

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

## Misdeposited Funds

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

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

3800.00

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

3800.00