

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL ROOM

2002 JUL 15 P 3:09

Office Use Only

1. NAME OF COMMITTEE (In full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Apartment A, Office Building, Association of Metropolitan Washington Metro PAC Federal

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

2. FEC IDENTIFICATION NUMBER 00295642 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 04 01 2002 through 06 30 2002

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 09 2002

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 (Revised 1/01)

Page 2

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

Report Covering the Period: From: **04 01 2002** To: **06 30 2002**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		10.18
(b) Cash on Hand at Beginning of Reporting Period	19	
(c) Total Receipts (from Line 19)	1,300.03	1,320.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1,300.21	1,320.21
7. Total Disbursements (from Line 30)	1,270.19	1,300.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30.02	30.02
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	500.00	

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 (Revised 1/01)

Page 3

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

Report Covering the Period: From: **04 01 2002** To: **06 30 2002**

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) .....	1,300.00	
(ii) Unitemized .....	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1,300.00	1,320.00
(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 32, page 4) .....	1,300.00	1,320.00
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 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.02	0.02
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	1,300.02	1,320.02
20. Total Federal Receipts (subtract Line 16 from Line 19) .....	1,300.02	1,320.02

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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 .....	20.19	50.19
(c) Total Operating Expenditures (add 21(a)(i), (ii), and (b)) .....	20.19	50.19
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	1,250.00	1,250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F) .....	0.00	0.00
26. Loan Repayments Made .....	0.00	0.00
27. Loans Made .....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	1,270.19	1,300.19
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) .....	1,270.19	1,300.19
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1,300.00	1,320.00
33. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	1,300.00	1,320.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1,270.19	1,300.19
36. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....	1,270.19	1,270.19

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 5 OF 16	
<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	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

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. ACBA Special Events Fund**

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

Date of Receipt: **05 / 01 / 2002**

FEC ID number of contributing federal political committee: **C N/A**

Amount of Each Receipt this Period: **300.00**

Name of Employer: **ACBA** Occupation: **Trade Association**

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

Aggregate Year-to-Date: **300.00**

Full Name (Last, First, Middle Initial)

**B. CRC Commercial**

Mailing Address: **6305 Ivy Lane, Suite 202**  
 City: **Greenbelt** State: **MD** Zip Code: **20770**

Date of Receipt: **06 / 04 / 2002**

FEC ID number of contributing federal political committee: **C N/A**

Amount of Each Receipt this Period: **1,000.00**

Name of Employer: **CRC Commercial** Occupation: **Real Estate Company**

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

Aggregate Year-to-Date: **1,000.00**

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

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

Amount of Each Receipt this Period: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Aggregate Year-to-Date: \_\_\_\_\_

**SUBTOTAL of Receipts This Page (optional)** **300.00**

**TOTAL This Period (last page this line number only)** **2,300.00**

**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 6 OF 15

<input type="checkbox"/> 21a	<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"/> 29

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
Friends of Connie Morella for Congress		05 01 2002
Mailing Address 2090 Connecticut Avenue, NW, Apt. 61		Amount of Each Disbursement this Period 250.00
City Washington	State DC	
Zip Code 20036		Category/ Type 011
Purpose of Disbursement Contribution		
Candidate Name Connie Morella		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MD District: 8th	

<b>B</b>		Date of Disbursement
Friends of Frank Wolf		06 04 2002
Mailing Address P.O. Box 3015		Amount of Each Disbursement this Period 1,000.00
City Oakton	State VA	
Zip Code 22124		Category/ Type 011
Purpose of Disbursement Contribution		
Candidate Name Frank Wolf		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 8th	

<b>C</b>		Date of Disbursement
Mailing Address		
City	State	Amount of Each Disbursement this Period
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:	

SUBTOTAL of Disbursements: This Page (optional)	1,250.00
TOTAL This Period (last page this line number only)	250.00

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

Use separate schedules) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

**LOANS**

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

LOAN SOURCE Full Name (Last, First, Middle Initial)

**AOBA Special Events Fund**

Election:

- Primary
- General
- Other (specify):

Mailing Address

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1,000.00	400.00	600.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

09/30/1996 09/30/2003 % 1.00%  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) **600.00**

**TOTALS** This Period (last page in this line only) **600.00**

Carry outstanding balance only to LINE 3, Schedule B, for this line. If no Schedule B, 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  8  of Schedule C

Federal Election Commission, Washington, D.C. 20463

N/A

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

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

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 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Location of account: Address: City, State, Zip: Date account established:

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:  
 1. 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.  
 2. 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.  
 3. 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 for the at 11 CFR 100.7(b)(11) and 100.8(b)(12) 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)

PAGE 9 OF 16

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

Summary table with 4 rows: 1) SUBTOTALS This Period This Page (optional), 2) TOTALS This Period (last page this line number only), 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only), 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only). All values are 0.00.

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 10 OF 16  
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 0029542
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Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure	Category/Type
Mailing Address	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
Date	Amount	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure	Category/Type
Mailing Address	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
Date	Amount	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure	Category/Type
Mailing Address	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
Date	Amount	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures do not involve the financing of dissemination, distribution, or reproduction in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

My Commission expires: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTARY PUBLIC

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

**ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441b(d))**

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

PAGE 11 OF 16  
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (in Full) <b>Apartment &amp; Office Building Association of Metropolitan Washington Metro PAC Federal</b>			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate			
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate			
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate			
SUBTOTAL of Expenditures This Page (optional)			0.00
TOTAL This Period (last page: this line number only)			0.00

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

N/A

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

USE ONLY ONE SECTION

A. NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (Check the appropriate line and enter % in box to right)
Presidential Year (85%)
All Other Years (60%)

Percentage of funds allocated to the President's campaign

B. HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (if checked, enter 65% in box to right)
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

Percentage of funds allocated to House and Senate Party Campaign Committees

Percentage of funds allocated to House and Senate Party Campaign Committees

Percentage of funds allocated to House and Senate Party Campaign Committees

NOTE: Funds expended must be used if the Federal proportion is greater than 65% in any year.

C. 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

Percentage of funds allocated to Segregated Funds and Non-Connected Committees

Percentage of funds allocated to Segregated Funds and Non-Connected Committees

Percentage of funds allocated to Segregated Funds and Non-Connected Committees

D. STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

Check all Offices appearing on the next General Election Ballot:

- 1. President (1 Point)
2. U.S. Senate (1 Point)
3. U.S. Congress (1 Point)
4. SUBTOTAL -- Federal (ADD 1, 2, AND 3)
5. Governor (1 Point)
6. Other Statewide Officials (1 or 2 Points)
7. State Senate (1 Point)
8. State Representative (1 Point)
9. Local Candidates (1 or 2 Points)
10. Extra Non-Federal Point (1 Point)
11. SUBTOTAL -- Non-Federal (ADD 5, 6, 7, 8, 9, and 10)
12. TOTAL POINTS (Line 4 plus Line 11)

Table with 2 columns: NUMBER OF POINTS, and rows corresponding to ballot items 1-12.

FEDERAL ALLOCATION = Line 4 divided by Line 12

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

**ALLOCATION RATIOS**

N/A

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

**ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT 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. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. 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.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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 % _____%
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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 % _____%
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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 % _____%
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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 % _____%
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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 % _____%
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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 % _____%

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NON-FEDERAL ACCOUNTS**

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**

**ADMINISTRATIVE/VOTER DRIVE AMOUNT**

i) Total Administrative/Voter Drive .....

ii) Direct Fundraising  
(List Events-Amount For Each)

**DIRECT FUNDRAISING AMOUNT**

a) .....

b) .....

c) .....

d) .....

e) Total Amount Transferred For Direct Fundraising ..

iii) Exempt Activity/Direct Candidate Support  
(List Events-Amount For Each)

**EXEMPT ACTIVITY/  
DIRECT CANDIDATE SUPPORT**

a) .....

b) .....

c) .....

d) .....

e) Total Amount Transferred For  
Exempt Activity/Direct Candidate Support .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period  
(Administrative/Voter Drive Amount) .....

0.00

TOTAL This Period (Direct Fundraising Amount) .....

0.00

TOTAL This Period (Exempt Activity/Direct Candidate Support) .....

0.00

TOTAL This Period (Total Amount Transferred) .....

0.00

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

NAME OF COMMITTEE (Do Not Print) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal

A. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City	State	Zip Code	<input type="checkbox"/> Exempt
Purpose/Event:		Event Year-To-Date	<input type="checkbox"/> Direct Candidate Support
Description:		Date	
FEDERAL SHARE		+	NON-FEDERAL SHARE
		=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City	State	Zip Code	<input type="checkbox"/> Exempt
Purpose/Event:		Event Year-To-Date	<input type="checkbox"/> Direct Candidate Support
Description:		Date	
FEDERAL SHARE		+	NON-FEDERAL SHARE
		=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City	State	Zip Code	<input type="checkbox"/> Exempt
Purpose/Event:		Event Year-To-Date	<input type="checkbox"/> Direct Candidate Support
Description:		Date	
FEDERAL SHARE		+	NON-FEDERAL SHARE
0.00		=	0.00
			TOTAL AMOUNT
			0.00

<b>SUBTOTAL of Joint 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)(2)(c) and non-Federal share to 21(a)(2)(ii))</b>			
FEDERAL SHARE		NON-FEDERAL SHARE	TOTAL AMOUNT
0.00		0.00	0.00
<b>TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)</b>			
		0.00	

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

N/A

**AGGREGATION PAGE**

**NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES**

(Use a separate Aggregation Page for each nonfederal account)

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

NAME OF ACCOUNT	Coverage Period	
	From:	To:

	<b>COLUMN A TOTAL THIS PERIOD</b>	<b>COLUMN B YEAR-TO-DATE</b>
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**RECEIPTS**

(Attach Supporting Memo Schedule A Itemizing Receipts Aggregating in Excess of \$200 During the Calendar Year)

1. TOTAL RECEIPTS: .....

**DISBURSEMENTS:**

(Attach Supporting Memo Schedule B Itemizing Disbursements Aggregating in Excess of \$200 During the Calendar Year)

- 2. Transfers to Federal or Allocation Account for Allocable Expenses .....
- 3. Transfers to State/Local Party Organizations .....
- 4. Direct State/Local Candidate Support .....
- 5. Other Disbursements .....
- 6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5) .....

**SUMMARY**

- 7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st) .....
- 8. RECEIPTS (from Line 1) .....
- 9. SUBTOTAL .....
- 10. DISBURSEMENTS (from Line 6) .....
- 11. ENDING CASH ON HAND .....



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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-9-02
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark #legible	
<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>dmw</i> PREPARER	7-15-02 DATE PREPARED