

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED
FEDERAL
OPERATIONS CENTER

2004 APR 15 10:41 AM '04

1. NAME OF COMMITTEE (in full) **Apartment and Office Building Association of Metropolitan Washington Metro PAC Federal**

TYPE OR PRINT ▼

Example: If typing, type over the lines. **12PE4M5**

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

Suite 300

City **Washington** State **DC** ZIP CODE **20036**

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ **C 0 0 2 9 5 6 4 2**

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 _____ Election on _____ in the State of _____

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

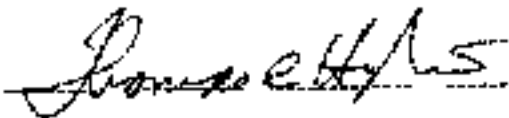
(d) 30-Day POST-Election Report for the _____ Election on _____ in the State of _____

General (30G)	Runoff (30R)	Special (30S)
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5. Covering Period **Q1 2004** through **Q3 2004**

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. Ryland**

Signature of Treasurer  Date **04/15/2004**

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 and Office Building Association of
Metropolitan Washington Metro PAC Federal**

Report Covering the Period: From: **01 01 2004** To: **03 31 2004**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		2 8 8,6 6
(b) Cash on Hand at Beginning of Reporting Period	2 8 8,6 6	
(c) Total Receipts (from Line 10)	1 0 0 0,3 2	1 0 0 0,3 2
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1 2 8 8,9 8	1 2 8 8,9 8
7. Total Disbursements (from Line 8)	7 9 4	7 9 4
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1 2 8 1,0 4	1 2 8 1,0 4
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0 0 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0 0 0	

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 800-424-9600
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 8X (Rev. 02/2003)

Page 3

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

Report Covering the Period: From: **01/01/2004** To: **03/31/2004**

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	0 0 0	
(i) Itemized (Use Schedule A)	0 0 0	
(ii) Unitemized	0 0 0	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	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 Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 9B, page 5)	0 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	1 0 0 0 0 0	1 0 0 0 0 0
17. Other Federal Receipts (Dividends, Interest, etc.)	3 2	3 2
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 H3)	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(c), 12, 13, 14, 15, 16, 17, and 18(c))	1 0 0 0 3 2	1 0 0 0 3 2
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1 0 0 0 3 2	1 0 0 0 3 2

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 H):		
(i) Federal Share	0 0	0 0
(ii) Non-Federal Share	0 0	0 0
(b) Other Federal Operating Expenditures	7 9 4	7 9 4
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7 9 4	7 9 4
22. Transfers to Affiliated/Other Party Committee	0 0 0	0 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0 0 0	0 0 0
24. Independent Expenditures (see Schedule E)	0 0 0	0 0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(f)) (see 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	0 0 0	0 0 0
30. Federal Election Activity (2 U.S.C. §431420):		
(a) Allocated Federal Election Activity (from Schedule H):		
(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))	7 9 4	7 9 4
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	7 9 4	7 9 4

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

31. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0,000	0,000
34. Total Contribution Refunds (from Line 28(d))	0,000	0,000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0,000	0,000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7,944	7,944
37. Offsets to Operating Expenditures (from Line 15, page 3)	0,000	0,000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7,944	7,944

**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 21
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input checked="" 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 and Office Building Association of Metropolitan Washington Metro PAC Federal**

Full Name (Last, First, Middle Initial) A. BOGMA PAC		Date of Receipt M M Y Y Y Y 0 2 2 0 0 4
Mailing Address 1201 New York Avenue, NW, Suite 300		Amount of Each Receipt this Period 1,000.00
City Washington	State Zip Code DC 20036	
FEC ID number of contributing federal political committee C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Check never cashed	Aggregate Year-to-Date 1 0 0 0 0 0	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date	

SUBTOTAL of Receipts This Page (optional)	1 0 0 0 0 0
TOTAL This Period (last page this line number only)	1,000.00

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 3 OF 21
FOR LINE 13 OF FORM 3X

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

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

Electronic
 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:
 M D Y Y Y Y M D Y Y Y Y % (apr) 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) ▶ 0.00
 TOTALS This Period (last page in this file only) ▶ 0.00

Carry outstanding balance only to LINE 5, 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 9 of Schedule C

Federal Election Commission, Washington, D.C. 20483

NAME OF COMMITTEE (in Full) Apartment and 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: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____	Amount of Loan _____	Interest Rate (APR) _____ %
Date Incurred or Established _____	Date Due _____	

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

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

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

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? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, specify: _____	What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes
---	--

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> 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) 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 100.82 and 100.142 in making this loan.

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

**SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER:
(check only one)

9
10

Excluding Loans

NAME OF COMMITTEE (In Full) **Apartment and 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

1) SUBTOTALS This Period This Page (optional)		0-00
2) TOTALS This Period (last page this line number only)		0-00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		0-00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)		0-00

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

PAGE 11 OF 21
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in F28) Apartment and Office Building Association of Metropolitan Washington Metro PAC Federal	FEC IDENTIFICATION NUMBER C 0 0 2 9 5 6 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 M / D / Y Y Y Y Amount \$ _____
--	---

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

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date M / D / Y Y Y Y Amount \$ _____
--	---

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

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 12 OF 21
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (in full) Apartment and 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee
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
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	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
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	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
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(A)-1)	

SUBTOTAL of Expenditures This Page (optional) ▶	0 00 0
TOTAL This Period (last page has line number only) ▶	00 0

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 and 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

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (in Full)

Apartment and 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	%	%
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	%	%
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	%	%
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	%	%
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	%	%
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	%	%

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

NAME OF COMMITTEE (In Full): Apartment and 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 Drives		
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 Drives)	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

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

PAGE 16 OF 21
FOR LINE 21e OF FORM 3X

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

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/Type	Date
Activity or Event Identifier:			

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

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

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

SUB-TOTAL of Allocated Federal and Non-Federal Activity This Page				
FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00
TOTAL This Period (last page for each line only)(Federal share to 21(a)(1) and Non-Federal share to 21(a)(2))				
FEDERAL SHARE		NON-FEDERAL SHARE		TOTAL AMOUNT
0.00		0.00		0.00
TOTAL This Period for the Non-Federal Share				
		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)

PAGE 17 OF 24
 FOR LINE 18 OF FORM 3X

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
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

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
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)	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 H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

PAGE 18 OF 21
FOR LINE 30a OF FORM 3X

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (in Full) **Apartment and 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: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

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

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

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
0.00		0.00	0.00
TOTAL This Period (last page for each set only)(Federal share to 30(a)(1) and Levin share to 30(a)(6))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
0.00		0.00	0.00
TOTAL This Period for the Levin Share			
		0.00	0.00

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

NAME OF COMMITTEE (In Full) **Apartment and 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) Remitted (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS (Add Lines 1c and 2)	0.00	0.00
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)	0.00	0.00
7. BEGINNING CASH ON HAND (For Column B, use 08/31 of January 199)		
8. RECEIPTS (From Line 3)		
9. SUBTOTAL (Add Lines 7 and 8)		
10. DISBURSEMENTS (From Line 6)		
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)	0.00	0.00

**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) 1s 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 commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (If FRO) Apartment and Office Building Association of Metropolitan Washington Metro PAC Federal

A. Full Name (Last, First, Middle Initial) / Full Organization Name <hr/> Mailing Address <hr/> City State Zip Code <hr/> Name of Employer or Principal Place of Business <hr/> Occupation	Date of Receipt M M / D D / Y Y Y Y
<hr/> <hr/> <hr/> <hr/> <hr/>	Amount of Each Receipt this Period \$ Aggregate Year-to-Date \$
B. Full Name (Last, First, Middle Initial) / Full Organization Name <hr/> Mailing Address <hr/> City State Zip Code <hr/> Name of Employer or Principal Place of Business <hr/> Occupation	Date of Receipt M M / D D / Y Y Y Y
<hr/> <hr/> <hr/> <hr/> <hr/>	Amount of Each Receipt this Period \$ Aggregate Year-to-Date \$
C. Full Name (Last, First, Middle Initial) / Full Organization Name <hr/> Mailing Address <hr/> City State Zip Code <hr/> Name of Employer or Principal Place of Business <hr/> Occupation	Date of Receipt M M / D D / Y Y Y Y
<hr/> <hr/> <hr/> <hr/> <hr/>	Amount of Each Receipt this Period \$ Aggregate Year-to-Date \$
D. Full Name (Last, First, Middle Initial) / Full Organization Name <hr/> Mailing Address <hr/> City State Zip Code <hr/> Name of Employer or Principal Place of Business <hr/> Occupation	Date of Receipt M M / D D / Y Y Y Y
<hr/> <hr/> <hr/> <hr/> <hr/>	Amount of Each Receipt this Period \$ Aggregate Year-to-Date \$
SUBTOTAL of Receipts This Page (optional) ▶	\$ 0 0 0
TOTAL This Period (last page (the line number only) ▶	\$ 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 21 OF 21
(check only one) 4a 4c 5
 4b 4d

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NAME OF COMMITTEE (to Filer): Apartment and Office Building Association of
Metropolitan Washington Metro PAC Federal

A. Full Name (Last, First, Middle Initial) / Full Organization Name _____	Date of Disbursement M M / D D / Y Y Y Y
Mailing Address _____	
City _____ State _____ Zip Code _____	Amount of Each Disbursement this Period _____
Purpose of Disbursement _____	_____
B. Full Name (Last, First, Middle Initial) / Full Organization Name _____	Date of Disbursement M M / D D / Y Y Y Y
Mailing Address _____	
City _____ State _____ Zip Code _____	Amount of Each Disbursement this Period _____
Purpose of Disbursement _____	_____
C. Full Name (Last, First, Middle Initial) / Full Organization Name _____	Date of Disbursement M M / D D / Y Y Y Y
Mailing Address _____	
City _____ State _____ Zip Code _____	Amount of Each Disbursement this Period _____
Purpose of Disbursement _____	_____
D. Full Name (Last, First, Middle Initial) / Full Organization Name _____	Date of Disbursement M M / D D / Y Y Y Y
Mailing Address _____	
City _____ State _____ Zip Code _____	Amount of Each Disbursement this Period _____
Purpose of Disbursement _____	_____
E. Full Name (Last, First, Middle Initial) / Full Organization Name _____	Date of Disbursement M M / D D / Y Y Y Y
Mailing Address _____	
City _____ State _____ Zip Code _____	Amount of Each Disbursement this Period _____
Purpose of Disbursement _____	_____
SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	0.00

**Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified/Priority/Express Mail	Postmarked (R/C)
<input type="checkbox"/> Postmark illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEx</i>	Shipping Date <i>4-15-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JG</i>	<i>4-16-04</i>
PREPARED	DATE PREPARED