

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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2005 AUG 31 A 10:36
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Apartment & Office Building Association of Metropolitan Washington Metro, PAC Federal

ADDRESS (number and street)

1050 17th Street, NW

(Check if address is changed)

Suite 300

Washington

Dc

20036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

spharr@aoba-metro.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202 - 296 - 3390

2. DATE

08 / 25 / 2005

3. FEC IDENTIFICATION NUMBER ▶

C 5 30184431

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William Shaun Pharr

Signature of Treasurer

William Shaun Pharr

Date

08 / 25 / 2005

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

N/A _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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Write or Type Committee Name

Apartment & Office Building Association of Metropolitan Washington

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records. Metro PAC Federal

Full Name | Jeanne Clarke |

Mailing Address | 1050 17th Street, NW |

| Suite 300 |

| Washington | DC | 20036 | - |

Title or Position | CITY | STATE | ZIP CODE

Director of Administration | Telephone number 202 | - | 296 | - | 3390 |

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer | W. Shaun Pharr |

Mailing Address | 1050 17th Street, NW |

| Suite 300 |

| Washington | DC | 20036 | - |

Title or Position | CITY | STATE | ZIP CODE

Treasurer | Telephone number 202 | - | 296 | - | 3390 |

Full Name of Designated Agent | N/A |

Mailing Address | |

| |

| | - |

Title or Position | CITY | STATE | ZIP CODE

| Telephone number | - | - |

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

United Bank

Mailing Address

1667 K Street, NW

Washington DC 20036

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<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

[Signature]
 PREPARER

8/31/05
 DATE PREPARED

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