

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

OCT 14 A 10 34

Office Use Only

1 NAME OF COMMITTEE (in full) TYPE OF PRINT 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

Suite 300

Check if different than previously reported. (ACC)

Washington DC 20036

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

00295642

3. IS THIS REPORT NEW OR AMENDED (N) (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) (Pre-Election Year Only), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convicted (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 07 01 2004 through 09 30 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. Hyland

Signature of Treasurer *Thomas R Hyland* Date 10 13 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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2008)

Page 2

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

Report Covering the Period: From: 01/01/2004 To: 03/30/2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2004</u>	<u>2004</u>	<u>288,666</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>127,069</u>	
(c) Total Receipts (from Line 19)	<u>310</u>	<u>1,000,996</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>127,380</u>	<u>1,289,662</u>
7. Total Disbursements (from Line 31)	<u>8246</u>	<u>1,0108</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>118854</u>	<u>118854</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<u>000</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<u>000</u>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2009)

Page 3

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

Report Covering the Period: From: **07 01 2009** To: **09 30 2009**

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) Realized (use Schedule A).....	0 0 0	0 0 0
(ii) Unrealized.....	0 0 0	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)(iii), (b), and (c)) (Carry Totals to Line 35, 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	1 0 0 0 0 0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0 0 0	0 0 0
17. Other Federal Receipts (Dividends, interest, etc.).....	3 1	9 6
18. Transfers from Non-Federal and Levin Funds:		
(a) Non-Federal Account (from Schedule H3).....	0 0 0	0 0 0
(b) Levin Funds (from Schedule H5).....	0 0 0	0 0 0
(c) Total Transfers (add 18(a) and 18(b)).....	0 0 0	0 0 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3 1	1 0 0 0 9 6
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3 1	1 0 0 0 9 6

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0 0 0	0 0 0
(ii) Non-Federal Share	0 0 0	0 0 0
(b) Other Federal Operating Expenditures	8 2 4 5	1 0 1 0 8
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0 0 0	0 0 0
22. Transfers to Affiliated/Other Party Committees	0 0 0	0 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0 0 0	0 0 0
24. Independent Expenditures (use Schedule E)	0 0 0	0 0 0
25. Coordinated Party Expenditures (2 U.S.C. §412(d)) (use 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. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H4)		
(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))	8 2 4 6	1 0 1 0 8
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	8 2 4 6	1 0 1 0 8

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

N. 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 0 0	0 0 0
34. Total Contribution Refunds (from Line 28(d))	0 0 0	0 0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0 0 0	0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8 2 4 6	1 0 1 0 8
37. Offsets to Operating Expenditures (from Line 15, page 4)	0 0 0	0 0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8 2 4 6	1 0 1 0 8

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 21

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

Any information copied from each Report and Statement 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**

A.

Full Name (Last, First, Middle Initial) _____

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 _____

Amount of Each Receipt This Period _____

B.

Full Name (Last, First, Middle Initial) _____

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 _____

Amount of Each Receipt This Period _____

C.

Full Name (Last, First, Middle Initial) _____

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 _____

Amount of Each Receipt This Period _____

SUBTOTAL of Receipts This Page (optional) _____ ▶

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

0.00

0.00

**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 7 OF 21	
	<input checked="" type="checkbox"/> 21a	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a	<input type="checkbox"/> 30b	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial) _____

Mailing Address: **Master Print, Inc.**
P.O. Box 1467
 City: **Newington** State: **VA** Zip Code: **22122**

Purpose of Disbursement: **Printing of letter head**

Candidate Name: _____

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

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

Date of Disbursement: **07 30 2004**

Amount of Each Disbursement this Period: **7,429**

B. Full Name (Last, First, Middle Initial) _____

Mailing Address: **Federal Express Corporation**
P.O. Box 371461
 City: **Pittsburgh** State: **PA** Zip Code: **15250**

Purpose of Disbursement: **Postage**

Candidate Name: _____

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

Disbursement For: Primary General
 Other (specify) _____

Date of Disbursement: **08 13 2004**

Amount of Each Disbursement this Period: **817**

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: _____

Amount of Each Disbursement this Period: _____

SUBTOTAL of Disbursements This Page (optional) **8,246**

TOTAL This Period (last page this line number only) **8,246**

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 8 OF 21

FOR LINE 13 OF FORM 3X

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

LOAN SOURCE Full Name (Last, First, Middle Initial)		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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:
	____/____/____	____/____/____	____ % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	
TOTALS This Period (last page in this line only)	▶	
Carry outstanding balance only to LINE 8, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (in Full): Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal	FEC IDENTIFICATION NUMBER C 0 0 2 9 5 5 4 2
---	--

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
---	----------------	---------------------

Mailing Address	Date Incurred or Established	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred:
City State Zip Code	Date Due	

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

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

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

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes if yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2)

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

Excluding Loans

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

FOR LINE NUMBER:
(check only one)

8
 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	

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	

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	

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**

NAME OF COMMITTEE (In Full): Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal
 FEC IDENTIFICATION NUMBER: C 0 0 2 9 5 6 4 2

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	

Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
--	--

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	

Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
--	--

(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.

Signature _____ Date _____

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 26 OF FORM 3X

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

Check if
24-hour notice

Has your committee been designated to make
occasional expenditures by a political party committee?
 YES 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 State:

Senate District:

Presidential

Amount

Aggregate General Election
Expenditure for this Candidate

Limit Raised Due to Opponent's Spend-
ing (2 U.S.C. §441a(f)(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 State:

Senate District:

Presidential

Amount

Aggregate General Election
Expenditure for this Candidate

Limit Raised Due to Opponent's Spend-
ing (2 U.S.C. §441a(f)(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 State:

Senate District:

Presidential

Amount

Aggregate General Election
Expenditure for this Candidate

Limit Raised Due to Opponent's Spend-
ing (2 U.S.C. §441a(f)(4)(A)-1)

SUBTOTAL of Expenditures This Page (optional)

TOTAL This Period (last page line row number only)

SCHEDULE H1 (FEC Form 3X)

N/A

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NON-FEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**

NAME OF COMMITTEE (in Full)

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 & 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:

1. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
2. 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	% %	% %
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
ALLOCATED FEDERAL / NON-FEDERAL ACTIVITY**

PAGE 15 OF 21
FOR LINE 18a OF FORM 3X

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------	--------------------------

BREAKDOWN OF TRANSFER RECEIVED

- i) Total Administrative
- ii) Generic Voter Drive
- iii) Exempt Activities
- iv) Direct Fundraising (List Activity or Event Identifier)
 - a)
 - b)
 - c) Total Amount Transferred For Direct Fundraising
- v) Direct 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 Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Total Amount Transferred)	0.00

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS OF ALLOCATED
FEDERAL/NON-FEDERAL ACTIVITY

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

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

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

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

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

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

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and Non-Federal Activity This Page				
FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
0 0 0		0 0 0		0 0 0
TOTAL This Period (last page for each line only) Federal share to 21(a)(1) and Non-Federal share to 21(a)(6)				
FEDERAL SHARE		NON-FEDERAL SHARE		TOTAL AMOUNT
0 0 0		0 0 0		0 0 0
TOTAL This Period for the Non-Federal Share				

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)

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 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).....	0,000
TOTAL This Period (Voter ID).....	0,000
TOTAL This Period (GOTV).....	0,000
TOTAL This Period (Generic Campaign Activity).....	0,000
TOTAL This Period (Total Amount of Transfers Received).....	0,000

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

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

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

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

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

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

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

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (See Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS (Add Lines 1c and 2)	0 0 0	0 0 0
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (See Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)	0 0 0	0 0 0
7. BEGINNING CASH ON HAND (See Column B, see 0000 as of January 1st)		
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 0 0	0 0 0

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER: 1a 2
(check only one)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

B.

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

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

C.

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

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

D.

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

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional) 0.00

TOTAL This Period (last page this line number only) 0.00

**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
 4a 4c 6
 4b 4d

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

<p>A. Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>\$</p>
<p>B. Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>\$</p>
<p>C. Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>\$</p>
<p>D. Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>\$</p>
<p>E. Full Name (Last, First, Middle Initial) / Full Organization Name</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>\$</p>
<p>SUBTOTAL of Disbursements This Page (optional).....▶</p> <p>TOTAL This Period (last page this line number only).....▶</p>	<p>0 0 0</p> <p>0 0 0</p>

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	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FEDEX</i>	Shipping Date <i>10-13-04</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>Sc</i> PREPARER (5/2004)	<i>10-14-04</i> DATE PREPARED