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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2011 SEP -9 AM 9: 02

Office USE DOW MAIL CENTER

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

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 W. Shaun Pharr Signature of Treasurer Date Office Date FEC FORM 3X	Apartmetn & Office Building Association of Metropolitan Washington
Check if different than previously reported. (ACC) Washingtion. 2. FEC IDENTIFICATION NUMBER V CITY A STATE A ZIP CODE A AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Report (Choose One) (b) Monthly Report (Choose One) (a) Quarterly Report (Cl) Quarterl	Metro PAC Federal
than previously reported. (ACC) Washington. CITY A STATE A ZIP CODE A CITY A STATE A ZIP CODE A CITY A STATE A ZIP CODE A AMENDED AMENDED (A) AMENDED (A) APPEORT (Choose One) (B) Courterly Report (CI) Due On: Mar 20 (M2) May 20 (M5) Apr 20 (M9) Due CR (M12) Courterly Report (CI) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Due CR (M12) Was Deliver Seport (CI) Cottober 15 Courterly Report (CI) Dustrey Report (CI) Distrey Report (CI) Report for the: Convention (12C) Report (Son) Report (Son) Report for the: Election on Report for the: Election on Report for the: Correct and complete. Type or Print Name of Treasurer W. Shaun Pharr NOTE: Submission of false, erroneous. or incomplete information many subject the person signing this Report to the penalties of 2 U.S.C. \$437g. PEC FORM 3X	ADDRESS (number and street) [1050,17th, Street, NW, Swite 300]
3. IS THIS REPORT (N) OR AMENDED (A) TYPE OF REPORT (D) Monthly Report (Choose One) (a) Quarterly Report (Q1) (b) Monthly Report (D) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Non-Election Page Only (M2) Dec 20 (M	than previously
3. ISTHS (N) OR (AMENDED 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (M) Termination Report (TER) Covering Period Q1 (0) 30-Day POST-Election (CER) Covering Period Q1 (0) 30-Day POST-Election (CER) Covering Period Q2 (0) 30-Day POST-Election (CER) Covering Period Q3 (0) 30-Day POST-Election (CER) Covering Period Q4 (0) 30-Day POST-Election (CER) Covering Period Q5 (0) 30-Day POST-Election (CER) Covering Period Q6 (0) 30-Day POST-Election (CER) Covering Period Q6 (0) 30-Day POST-Election (CER) Covering Period Q6 (0) 30-Day POST-Election (CER) Covering Period Q7 (0) 30-Day Post-Election (CER) Covering Period Q8 (0) 30-Day Post-Election (CER) Covering Period Q8 (0) 30-Day Post-Election (CER) Covering Period Q9 (0) 30-Day Post-Election (CER) Covering Period Covering Period Covering Period Covering Period Covering Period Covering P	2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
(Choose One) (a) Quarterty Reparts: April 15	
(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 (IER) Election on Ele	(Choose One) Report Due On: Due On: Report Repo
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Covering Period Q1 Q1 Q1 Q1 Q1 Q2 Q2 Q3 Q3 Q4 Q4 Q5 Q5 Q6 Q6 Q6 Q6 Q6 Q7 Q6 Q7 Q7 Q7	(a) Quarterly Reparts:
Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Covering Period O1 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 W. Shaun Pharr Signature of Treasurer Date O7 Office FEC FORM 3X	April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) PRE-Election Report for the: Convention (12C) Primary (12P) General (12G) Runoff (12R) Runoff (12R)
Year Only) (MY) Termination Report (TER) Election on Election on Election on Election on Touring Period O1	Quarterly Report (Q3) January 31 State of
Election on State of	Year Only) (MY) POST-Election General (30G) Runoff (30R) Special (30S)
5. Covering Period 01 01 2011 through 06 30 2011 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 W. Shaun Pharr Signature of Treasurer Date 09 30 30 30 30 30 30 30 30 30 30 30 30 30	Termination Report (TER) in the
Signature of Treasurer 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 FEC FORM 3X	Covering Period 104 104 10044 through
Signature of Treasurer Date OG OG OG OG OG OG OG OG OG O	certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Office FORM 3X	
	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.
Only	Use Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2
of Metropolita
30 2011
OLUMN B ar Year-to-Date
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an management and a superior of the superior o
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100.00
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DETAILED SUMMARY PAGE of Receipts

Page 3

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

Report Covering the Period: From:	1 01 2011 To	0.6 30 2011
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other	enne enter 1810 e 19 etalescon esta e al Paris estamen apparate tropo e enter 1819 e 1816 e 1816 e 1816 e 1816	ATTERNITATION OF THE PROPERTY
Than Political Committees	0.00	
(i) Itemized (use Schedule A)	horseline et la seri di la seri d La seri di peri di la seri di la	Barriella de la companya del companya de la companya del companya de la companya del la companya de la companya
(ii) Unitemized	0,00	0.00
(iii) TOTAL (add	Section from the section section of a section of the section of th	And the state of t
Lines 11(a)(i) and (ii)▶	0.00	0.00
(b) Political Party Committees	0.00	U UU
(b) Political Party Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	Even von Suumen la verriikkin on Oranium kaannik tiirmaalitensia alikeen alikkin militainen li	Birmanna Birmana Birma Birmanna Birmana Birma
11(a)(iii), (b), and (c)) (Carry	in malianalism of amolism of formalism broadings for a factor for a factor of	Amerikan di mandi mandi mandi mandi mandi mani mani mani mani mani mani mani man
Totals to Line 33, page 5)▶		
2. Transfers From Affiliated/Other		
Party Committees	0.00	Description of the second seco
3. All Loans Received	0.00	0.00
	Entered Secretaries from the state of the second secretaries and second	transferrent franchen
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		the state of the s
6. Refunds of Contributions Made		L-1
to Federal Candidates and Other		
Political Committees	-0-00	
7. Other Federal Receipts	Secretary in the second secretary in the second	Commendation of the State of States and Articles and States of Sta
(Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	A A A
(non constant no)	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Lotte and o (nom constant no)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Personnel (grant verbrand) (Grant in Charles of Charles and Charle	Management and American Commission of the Commis
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	2.00	
•		the desired the second
0. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal	1014 1110 1 01100	Valciluai ical-lu-Dalc
	Activity (from Schedule H4)	Immercial remailinement frameworks and the secular secular secular sections of temper of	hayamal managhan and managhan and managhan and managhan sa
	(i) Federal Share	0.00	a de la companya del la companya de
	(ii) Non-Federal Share	1	l hamadamadomadilimadamadhamadhamadham0a_00.0ithamath
	(b) Other Federal Operating Expenditures	0.00	om one type was go versary at was go an anguar anguar anguar anguar anguar anguar an anguar an anguar an angua anguar anguar angua
	(c) Total Operating Expenditures	Samuel Commission Comm	inamental lumant la mantal luman di mano di mantal ina mantal de en est lume sellemente de mantal lumant patamat patama dependen e persont processo de la mestra de lumant de lumant de lumant de lumant
2	(add 21(a)(i), (a)(ii), and (b))		terreduceritaria (literatura de la rilla e la regula de la La regula de la reg
	Committees	0.00	
3.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	The state of the s
4.	Independent Expenditures	Restriction or confirmation of members and discount discount of members of management of management of members	ha mendinan ambanimadaman antima antima mendia anendinia on internationa e color no ambiento a color
5.	(use Schedule E)		anna kana maka madamin aliku mulia sandamin aliku sarki sarat i sarak sarat si managamin girana gani angasi angasi na kapa sa kana sarat sarat sarat sarat sarat sarat sarat sarat sarat sara
	(use Schedule F)	O O O D D D D D D D D D D D D D D D D D	
6.	Loan Repayments Made		
7.	Loans MadeRefunds of Contributions To:		
٥.	(a) Individuats/Persons Other Than Political Committees		anning managamangamang panamgamangamangamangan da pada panagamani
	(b) Political Party Committees	0.00	and the second s
	(c) Other Political Committees		
	(such as PACs)		0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
9.	Other Disbursements	0.00	0.00
Ю.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	
	(4)		and the second of the second o
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely With Federal Funds	- 0.00	
	(c) Total Federal Election Activity (add	Security Control Securi	
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	0,00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		and the second s
	from Line 31)		- Augustus

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ 37. Offsets to Operating Expenditures (fram Line 15, page 3) 38. Net Operating Expenditures (subtract Line 37 from Line 36)

_				
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 21 (check only one)
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and St r for commercial purposes, other than using the	atements manage	ay not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions
K	NAME OF COMMITTEE (In Full) Aparte		مدعد كالتنبيب ويسببه مسوور مرسوبية مبسدرك السابس منبت	والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج
	Metropolitan Washingot	n Metr	o PAC Federal	ASSOCIACION OI
—	Full Name (Last, First, Middle Initial)			Date of Receipt
•	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing	Sanskander	sternativantenativantenati	Amount of Each Receipt this Penod
	federal political committee.	CI.	adimentaria di mandani	Manustrandon at Manustrandon and Manustr
	Name of Employer	Occupation		
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	Annual Control of Street		
	Other (specify) ▼		Discriber kardinalaminalamikas Province	·
В.	Full Name (Last, First, Middle Initial)		· · · · · · · · · · · · · · · · · · ·	Date of Receipt
	Mailing Address			Enthermitted & Ballima Roof & Barback Service Service Service
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C.		
	Name of Employer	Occupation		
			•	·
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-		
	Other (specify)	Labora	ALLALIALI	
— с.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			hallendership hallendership had had bedreit and had bedreit and be
	City	State	Zip Code	
	FFO ID works and a state of	interestingual production of the leading of the lea	-Ten content of the c	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			
	Name of Employer	Occupation		
	Receipt For:	Aggregate '	Year-to-Date ▼	_
	Primary General			
	Other (specify)	L		1
_	1			Secretary of the second secretary of the second sec
s	UBTOTAL of Receipts This Page (optional)		·······	0.00

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

SCHEDULE B (FEC FORM 3X)	Line constate achadula(-)	FOR LINE N	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only of	one) 22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or used the and address of any political	by any person	n for the purpose of soliciting contributions solicit contributions from such committee
NAME OF COMMITTEE (In Full) Apartmen			
Metropolitan Washington			
Full Name (Last, First, Middle Initial)		1	
A.			Date of Disbursement
Mailing Address			Access to the section of the section
City	State Zip Code		
Purpose of Disbursement	*	granting Richards	
Candidate Name	1	Category/	Amount of Each Disbursement this Period
Office Sought: House Disbursen		Туре	the second consider and the constraint and an extensive the market and the second of the second of
	Primary General	}	
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
3.		1	Date of Disbursement
Mailing Address			Constitution of the second
City	State Zip Code		ENERGY STANDARD C. TO SEE A STANDARD CO.
Purpose of Disbursement	,		
Fulpose of Dispulsement	base of the same o	succession and annual s	Amount of Each Disbursement this Period
Candidate Name	,	Category/ Type	gamen y accompanient magnetic magnetic de la companie de la companie de la companie de la companie de la compa Baracado resultantes de la companie de la com
	nent For:		The state of the s
	Primary General Other (specify) ▼		
State: District:	V-1		
Full Name (Last, First, Middle Initial)			Date of Disbursement
		·	Substitute & Basical & Basical basical basical
Mailing Address			Securitaria de material de material de la companya
City	State Zip Code		
Purpose of Disbursement	l i	and and and	
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For:	Туре	and the second control of the second former of the second former through the second second second second second
├	Primary General		
State: District:	Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			0.00
TOTAL This Period (last page this line number only).			

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) PAGE OF for each category of the FOR LINE 13 OF FORM 3X **Detailed Summary Page** NAME OF COMMITTEE (In Full) Apartmetn & Office Building Association of Metropolitan Washington, Metro PAC Federal LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Apartment & Office **Primary** Building Association Legal Defense Fund General Other (specify) Mailing Address 1050 17th Street, NW, Suite 300 Fund Account State DC ZIP Code 20036 City Washingotn, Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 100.00 ..100,00 Berneller of mostly made and a selling TERMS Date Incurred Date Due Interest Rate Secured: 2010 15 2011 X Yes No 15 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** City State ZIP Code Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... TOTALS This Period (last page in this line only)..... 100..00 Carry outstanding balance only to LINE 3, 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 Officer of Schedule

Federal Election Commission, Washington, D.C. 20463		Page 9 of Schedule C
NAME OF COMMITTEE (In Full). Apartment & Office Building Ass Metropolitan Washington, Metro		FEC IDENTIFICATION NUMBER
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address City State Zip Code	Date Incurred or Established	Manhama Sanda Sand
A. Has loan been restructured? No Yes B. If line of credit, Amount of this Draw: C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors must be property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify: E. Are any luture contributions or future receipts of interes	oan: real estate, personal deposit, chattel papers, similar traditional collateral?	What is the value of this collateral? Does the lender have a perfected security interest in it? No Yes 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: F. Il neither of the types of collateral described above was the loan amount, state the basis upon which this loan of the state of the loan amount.	Location of account: Address: City, State, Zip:	amount pledged does not equal or exceed ch it assures repayment.
G. COMMITTEE TREASURER Typed Name Signature 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 term are accurate as stated above. II. The loan was made on terms and conditions (inclination).	uding interest rate) no more fav	•
similar extensions of credit to other borrowers of control of the requirement that a sometimed with the requirements set forth at 11 CFI UTHORIZED REPRESENTATIVE Typed Name Signature Title	loan must be made on a basis R 100.82 and 100.142 in makin	which assures repayment, and has g this loan. DATE
_	•	

SCHEDULE	D	(FEC	Form	3X)
DEBTS AND	OE	BLIGA	TIONS	3

(Use separate

EBTS AND OBLIGATI	IONS	for each numbered line)	(check only one)
NAME OF COMMITTEE (In Full)	Apartment & Office Buildin Metropolitan Washington, M	ng Associa	
A. Full Name (Last, First, Mide	dle Initial) of Debtor or Creditor		ebt (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning	ng This Period	- ···	
Amount incurred This	Period Payment This Period	Outstanding	Balance at Close of This Period
The state of the s			Security Company Company of the Comp
B. Full Name (Last, First, Middle	e Initial) of Debtor or Creditor	Nature of De	bt (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginnin	g This Period		· ·
partiques di productione de la constitución de la c			
Amount Incurred This	Period Payment This Period	Outstanding	Balance at Close of This Period
C. Full Name (Last, First, Middl	e Initial) of Debtor or Creditor	Nature of Det	(Purpose):
• • • •		N	
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning	This Period		
Amount Incurred This P	Period Payment This Period	Outstanding (Balance at Cose of This Period
			Commission of the second secon
		Season vindaktinian	And the second s
	age (optional)	- interpretation	0.00
	this line number only)	Providence and	0.00
<u> </u>	from Schedule C (last page only)	Carper Marines A	0.00
ADD 2) and 3) and carry torward	to appropriate line of Summary Page (last page only)	· .	0.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 1 1 OF 21 FOR LINE 24 OF FORM 3
Of Metropolitan Washington, Metro PAC Federal	DENTIFICATION NUMBER
Check if 24-hour notice 48-hour notice	00295642
Full Name (Last, First, Middle Initial) of Payee Date	Compared the First Surface Sur
Mailing Address Amount	Berger distance — Deserti se vicini i de di mi
City State Zip Code	erinda yang di direktir di manggapan di direktir di direktir di direktir di direktir di direktir di direktir d Biraktir di direktir di di
Purpose of Expenditure Category/ Type ? Office Sought:	House State: Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: Check One:	Support Oppose
Calendar Year-To-Date Per Election for Office Sought Other (spe	Primary General
Full Name (Last, First, Middle Initial) of Payee Date	Ball Aminothia
Mailing Address Amount	Manager Transport Washington Control of the Control
City State Zip Code	
Purpose of Expenditure Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure: Check One:	House State: Senate District: President
Calendar Year-To-Date Per Election for Office Sought Other (spec	Support Oppose Primary General iffy)
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Uniternized 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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting carry committee) any political party committee or its agent.	, consultation, or concerting entity is not a political
AND THE PARTY OF T	

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

ON BEHALF OF CANDIDATES	FOR FEDE	RAL OFFIC	E		PAGE 12	OF 21
(2 U.S.C. §441a(d))	be used only by	/ Political Com	Imittees in the Ger	neral Election)	FOR LINE 2	
-	•		_	ssociatio	1 2 3	eck if
of Metropolitan Washi			C Federal ordinate Committee			
Has your committee been designated to me coordinated experiditures by a political part	1	m Name of Suc	ordinate Committee			
YES, name the designating committee:	Ma	ailing Address				
	Cit	ty		Stat	e ZIP	Code
Full Name (Last, First, Middle Initial) of	Each Payee	· · · · · · · · · · · · · · · · · · ·		Purpose of Expe	nditure	Markenson by the
Mailing Address				Pata		Categor Type
	State	Zin Codo		Date	minghair 1 Section	manganger)
City	State	Zlp Code			and the same of th	CONTRACTOR
Name of Federal Candidate Supported	Office Sought:	House	State:	Amount		
·		Senate Presidential	District:		Tr. s and a Trans and a diff. s	tand milan han in it a m
Aggregate General Election Expenditure for this Candidate				Limit Raise ing (2 U.S	ed Dire to Ono	onent's Spen 11a-1)
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Exper	nditure	Januaryana.
			-		•	Paragrame with
Mailing Address						Category/ Type
City	State	Zip Code		Date	Marian	j. Berðar karajn a:
Name of Federal Candidate Supported	Office Sought	House	State:		iterad besuts.	and market the l
Mans of Foundation Compositor	Office Sought	Senate Presidential	District:	Amount	istoorius kassa kariftaan kataraa	Signification (National
		- Liegineimen	-	in the second se		main of museum
Aggregate General Election Expenditure for this Candidate	plant at East Williams		To existencial	Limit Raise ing (2 U.S.	d Due to Oppo C. §44 Ta(I)/44	
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Expen	diture	MANUFACTOR PROPERTY
					٠.	Calegory/
Mailing Address	•			Date		Туре
City	State	Zip Code			ratur infraence	on the same
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State:	Amount	Altere profile such a	and described to the second
Aggregate General Election Expenditure for this Candidate	Man a destrative securitation seed by the		r.	Limit Raised ing (2 U.S.C		
IBTOTAL of Expenditures This Page (opti	onal)		>	And the second s		0.00
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METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropolitan Washington, Metro PAC Federal
USE ONLY ONE SECTION, A or B
A. 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)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
if the committee will allocate using the flat minimum percentage of 50% federal funds, check or
If the committee is spending more than 50% federal funds, indicate ratio below
If the committee is spending more than 50% federal funds, indicate ratio below
If the committee is spending more than 50% federal funds, indicate ratio below Federal

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE 14 OF 21

ALLOCATION RATIOS		14 .21
NAME OF COMMITTEE (In Full) Apartment & Office Build Metropolitan Washington, Metro PAC Fe		of
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDID ACTIVITIES APPEARING ON THIS REPORT.	DATE SUPPORT	
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received me expenses must equal the federal proportion of monies raised. 	ethod" where the federal pro	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated activities the federal proportion of disbursements is based on the beneficity. For PACs Only: Direct candidate support includes public comfederal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	efit derived by federal candid Imunications or voter drives	dates from the ac-
ACTIVITY OR EVENT IDENTIFIER		
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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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	15		21	
FO	R LINE	18a OF	FORM	3)

NAME OF COMMITTEE (In Full) Apartment & Office Puilding Association					
Metropolitan Washington Metro PAC Federal					
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED				
	and the state of t				
BREAKDOWN OF TRANSFER RECEIVED	Bennandian median media				
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Ii) Generic Voter Drive					
III) Exempt Activities					
iv) Direct Fundralsing (List Activity or Event Identifier)					
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c) Total Amount Transferred For Direct Fundraising	Sance and Sance stand the west Warrant bearing the sanction of				
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b)					
c) Total Amount Transferred For Direct Candidate Support					
vi) Public Communications Referring Only to Party (Made by PAC)	The state of the s				
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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 (Public Communications Referring Only to Party)					
TOTAL This Period (Total Amount Transferred)					

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF 21
FOR LINE 21a OF FORM 3X

1	NAME OF COMMITTEE (In Full) ^Aparti Metropolitan Wash	_			•
Ā.		ruaron,	Metro P	AL FEDET	Allocated Activity or Event:
					Administrative Fundraising Exem
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	City	State	Zip Code		Public Comm (ref to party only) by PAC
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B.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
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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)

FOR LINE 186 OF TORM 3X

NAME OF COMMITTEE (In Full) Apart Metropolitan Washi		Building Association of AC Federal
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER i) Voter Registration Total Amount Transferred for V	Voter Registration	VOTER REGISTRATION VOTER ID
II) Voter ID Total Amount Transferred for \ III) GOTV		GOTV
Total Amount Transferred for G Iv) Generic Campaign Activity Total Amount Transferred for G	Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER I) Voter Registration Total Amount Transferred for V		VOTER REGISTRATION
II) Voter ID Total Amount Transferred for V III) GOTV	oter ID	VOTER ID GOTV
Total Amount Transferred for G Iv) Generic Campaign Activity Total Amount Transferred for G		GENERIC CAMPAIGN ACTIVITY
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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)

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

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NAME OF COMMITTEE (In Full) Apartme	ent & Office Building ington, Metro PAC Fed				
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A. Full Name (Last, First, Middle Initial) / Fu	Organization Name	Type of Allocated Activity or Event:			
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		Generic Campaign			
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City State	Zip Code	Annual Control of the			
		The state of the s			
Purpose of Disbursement	Category/	Date			
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	•	Voter ID Generic Campaign			
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Purpose of Disbursement	Category/	Date			
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C. Full Name (Last, First, Middle Initial) / Full	Organization Name	Type of Allocated Activity or Event:			
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	(b) Voter ID		
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SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER: (check only one)

PAGE	20	7F	-21
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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

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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: (check only one)	PAG	£21_	OF 21
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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

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
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