

**FEC
FORM 3X**

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

RECEIVED

2012 MAY -1 AM 9:17

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

FEC MAIL CENTER
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 (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

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

Election on

05/01 / 05/01 / 05/01

in the State of

DC

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

05/01 / 05/01 / 05/01

in the State of

DC

5. Covering Period

01 / 01 / 2012 through 03 / 31 / 2012

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

W. Shaun Pharr

Date

04 / 10 / 2012

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. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name **Apartment & Office Buildign Assocaition of Metropolitan Washington Metro PAC Federal**

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="80.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="80.00"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="80.00"/>	<input type="text" value="80.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="80.00"/>	<input type="text" value="80.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="200.00"/>	

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

For further information contact:

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

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

12030800576

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

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

Report Covering the Period: From: **01 / 01 / 2012** To: **03 / 31 / 2012**

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	0.00

**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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

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**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-
penditures**

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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**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 6 OF 21
	<input type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 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 & Office Building Association of Metropolitan Washington Metro PAC Federal**

A.

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

B.

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

C.

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

SUBTOTAL of Receipts This Page (optional).....	<input type="text"/>	0.00
TOTAL This Period (last page this line number only).....	<input type="text"/>	0.00

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**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"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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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 Metrop PAC Federal**

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

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

0.00

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**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) **Apartment & Office
Building Association Legal Defense Fund**

Election:
 Primary
 General
 Other (specify) **Fund Account**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
12 / 15 / 2010	12 / 15 / 2012	%	<input checked="" 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).....	100.00
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.

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SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page 9 of Schedule C

NAME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropolitan Washington, Metro PAC Federal	FEC IDENTIFICATION NUMBER C00295642
---	--

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

Mailing Address	Date Incurred or Established	
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). Location of account:
Date account established: 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
--	-------	------

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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) **10** PAGE **21** OF **21**
 FOR LINE NUMBER. (check only one) 9 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

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

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

PAGE 11 OF 27
FOR LINE 24 OF FORM 3X

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

Check if 24-hour notice 48-hour notice

FEC IDENTIFICATION NUMBER
C 00295642

Full Name (Last, First, Middle Initial) of Payee _____ Date _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Expenditure _____ Category/Type _____

Name of Federal Candidate Supported or Opposed by Expenditure: _____

Calendar Year-To-Date Per Election for Office Sought _____

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

Check One: Support Oppose

Disbursement For: Primary General Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee _____ Date _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Expenditure _____ Category/Type _____

Name of Federal Candidate Supported or Opposed by Expenditure: _____

Calendar Year-To-Date Per Election for Office Sought _____

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

Check One: Support Oppose

Disbursement For: Primary General Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures **0.00**

(b) SUBTOTAL of Unitemized Independent Expenditures **0.00**

(c) TOTAL Independent Expenditures **0.00**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, 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 _____

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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 & 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?
 YES NO
 If YES, name the designating committee: _____

Full Name of Subordinate Committee _____
 Mailing Address _____
 City _____ State _____ ZIP Code _____

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

Name of Federal Candidate Supported _____ Office Sought: House Senate Presidential State: _____ District: _____

Aggregate General Election Expenditure for this Candidate ▶ _____

Purpose of Expenditure _____
 Date _____
 Amount _____
 Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

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

Name of Federal Candidate Supported _____ Office Sought: House Senate Presidential State: _____ District: _____

Aggregate General Election Expenditure for this Candidate ▶ _____

Purpose of Expenditure _____
 Date _____
 Amount _____
 Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

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

Name of Federal Candidate Supported _____ Office Sought: House Senate Presidential State: _____ District: _____

Aggregate General Election Expenditure for this Candidate ▶ _____

Purpose of Expenditure _____
 Date _____
 Amount _____
 Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Expenditures This Page (optional) ▶ _____

0.00

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

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 OF

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

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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:

- 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. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

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ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
<p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">[] %</p>	<p style="text-align: center;">[] %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">[] %</p>	<p style="text-align: center;">[] %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">[] %</p>	<p style="text-align: center;">[] %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">[] %</p>	<p style="text-align: center;">[] %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">[] %</p>	<p style="text-align: center;">[] %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">[] %</p>	<p style="text-align: center;">[] %</p>

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

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	
vi) Public Communications Referring Only to Party (Made by PAC)	

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 (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	0.00

12030800589

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL 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:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
City State Zip Code			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:		Category/Type	Allocated Activity or Event Year-To-Date		
		Date			
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
City State Zip Code			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:		Category/Type	Allocated Activity or Event Year-To-Date		
		Date			
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
City State Zip Code			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:		Category/Type	Allocated Activity or Event Year-To-Date		
		Date			
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page				
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))				
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
0.00		0.00		0.00

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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)

PAGE 17 OF 21
FOR LINE 186 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 THIS TRANSFER

i) Voter Registration		VOTER REGISTRATION
Total Amount Transferred for Voter Registration		
ii) Voter ID		VOTER ID
Total Amount Transferred for Voter ID		
iii) GOTV		GOTV
Total Amount Transferred for GOTV		
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity		

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration		VOTER REGISTRATION
Total Amount Transferred for Voter Registration		
ii) Voter ID		VOTER ID
Total Amount Transferred for Voter ID		
iii) GOTV		GOTV
Total Amount Transferred for GOTV		
iv) Generic Campaign Activity		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

12030800591

**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	Allocated Activity or Event Year-To-Date
		Category/Type	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	Allocated Activity or Event Year-To-Date
		Category/Type	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	Allocated Activity or Event Year-To-Date
		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 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	

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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 (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
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)		
7. BEGINNING CASH ON HAND		0.00
(for Column B, use cash as of January 1st)		
8. RECEIPTS		0.00
(from Line 3)		
9. SUBTOTAL		0.00
(Add Lines 7 and 8)		
10. DISBURSEMENTS		0.00
(From Line 6)		
11. ENDING CASH ON HAND		0.00
(Subtract Line 10 From Line 9)		

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

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

PAGE 20 of 21

FOR LINE NUMBER:
(check only one) 1a 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 (In Full) Apartment & Office Building Association of
Metropolitan Washington, Metro PAC Federal

A. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation			
B. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation			
C. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation			
D. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation			

SUBTOTAL of Receipts This Page (optional).....▶

0.00

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

0.00

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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: PAGE 21 OF 21

(check only one) 4a 4c 5
 4b 4d

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

<p>A.</p> <p>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>Amount of Each Disbursement this Period</p>
<p>B.</p> <p>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>Amount of Each Disbursement this Period</p>
<p>C.</p> <p>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>Amount of Each Disbursement this Period</p>
<p>D.</p> <p>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>Amount of Each Disbursement this Period</p>
<p>E.</p> <p>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>Amount of Each Disbursement this Period</p>

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

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

0.00

12030800595

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.

Hand Delivered

Date of Receipt

USPS First Class Mail

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4/16/12

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Postmarked (R/C)

USPS Priority Mail

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USPS Express Mail

Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked

JMN
PREPARER

5/1/12
DATE PREPARED

(3/2005)

12030800596