

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEB MAIL OPERATIONS CENTER

2005 JAN 21 AM 11:32

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Department & 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) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(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)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (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

1/1/02 through 12/31/04

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

01/21/05

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. 02/2003)

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

Report Covering the Period: From: 11/02/2004 To: 12/31/2004

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <u>2004</u> | | <u>288.66</u> |
| (b) Cash on Hand at Beginning of Reporting Period | <u>1,188.64</u> | |
| (c) Total Receipts (from Line 19) | <u>2.0</u> | <u>1,001.26</u> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | <u>1,188.64</u> | <u>1,289.92</u> |
| 7. Total Disbursements (from Line 31) | <u>1,72.0</u> | <u>1,187.8</u> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <u>1,171.64</u> | <u>1,171.64</u> |
| 9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) | <u>0.00</u> | |
| 10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) | <u>0.00</u> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 110)

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. 02/2003)

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

Report Covering the Period: From: 11/02/2004 To: 12/31/2004

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (i) Itemized (use Schedule A) | 0.00 | 0.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (a) TOTAL (add Lines 11(b)(i) and (ii)) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (except PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(i), (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 Expenditure (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 1,000.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, interest, etc.) | 2.00 | 1,260.00 |
| 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)) | 2.00 | 1,001.26 |
| 20. Total Federal Receipts (subtract Line 15(c) from Line 19) | 2.00 | 1,001.26 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2008)

| 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 | 1 7 2 0 | 1 1 8 2 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. §441a(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 HC) | | |
| (i) Federal Share | 0 0 0 | 0 0 0 |
| (ii) "Levin" Share | 0 0 0 | 0 0 0 |
| (k) Federal Election Activity Paid Entirely with Federal Funds | 0 0 0 | 0 0 0 |
| (c) Total Federal Election Activity (add Line 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)) | 1 7 2 0 | 1 1 8 2 8 |
| 32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(i) from Line 31) | 1 7 2 0 | 1 1 8 2 8 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

| III. 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 29(a)) | 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)) | 0 0 0 | 0 0 0 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0 0 0 | 0 0 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1 7 2 0 | 1 1 8 2 6 |

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

Use separate schedules
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 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) _____

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 0 0

0 0 0

**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 type="checkbox"/> 21b | <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"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 29 |

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) **Federal Express Corporation**

Date of Disbursement **11 22 2004**

Mailing Address **P.O. Box 371461**

City **Pittsburgh** State **PA** Zip Code **15250**

Purpose of Disbursement **Postage**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period **832**

Category/Type

B.

Full Name (Last, First, Middle Initial) **Federal Express Corporation**

Date of Disbursement **12 15 2004**

Mailing Address **P.O. Box 371461**

City **Pittsburgh** State **PA** Zip Code **15250**

Purpose of Disbursement **Postage**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period **888**

Category/Type

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) **1720**

TOTAL This Period (last page this line number only) **1720**

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 8 OF 21

FOR LINE 15 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:

- Primary
General
Other (specify)

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

Form fields for Date Incurred, Date Due, Interest Rate, and Secured (Yes/No).

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

Form fields for SUBTOTALS and TOTALS with numerical input boxes.

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 9 of Schedule C

Federal Election Commission, Washington, D.C. 20403

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

| | | |
|---|------------------------------|---------------------|
| 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 100.32(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 the 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
schedule(s)
for each
numbered box)

PAGE 10 OF 21

FOR LINE NUMBER:
(check only one)

6
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 0 0 |
| 2) TOTALS This Period (last page this line number only) | 0 0 0 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | 0 0 0 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 0 0 0 |

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

| | | |
|--|--|---------------------------|
| NAME OF COMMITTEE (in Full) Apartment & Office Building Association | | FEC IDENTIFICATION NUMBER |
| of Metropolitan Washington Metro PAC Federal | | C 0 0 2 9 5 5 4 2 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | |

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

| | | | |
|--|---------------|--|------------------------------|
| 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 | |
| City State Zip Code | Amount |

| | | | |
|--|---------------|--|------------------------------|
| 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 this 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(c))

(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 coordinated expenditures by a political party committee?
 YES NO
If YES, name the designating committee:

Full Name of Biordinate 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(i)(4)(A)-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(i)(4)(A)-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(i)(4)(A)-1)

SUBTOTAL of Expenditures This Page (optional)
TOTAL This Period (last page this line number only)

0 0 0
0 0 0

SCHEDULE H1 (FEC Form 3X)

N/A

METHOD OF ALLOCATION FOR:

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

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

USE ONLY ONE SECTION

State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

Separate Segregated Funds and Non-Connected Committees

Funds Expended

Estimated Direct Candidate Support -- Federal %

Estimated Direct Candidate Support -- Non-Federal %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support -- Federal %

Actual Direct Candidate Support -- Non-Federal.....

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

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

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- i. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- ii. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NON-FEDERAL % |
|---|-----------|---------------|
| ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | | |
| ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | | |
| ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | | |
| ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | | |
| ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | | |
| ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | | |

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

PAGE 15 OF 21
FORM LINE 11A 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) | | |
| e) _____ | | |
| f) _____ | | |
| c) Total Amount Transferred For Direct Fundraising | | |
| v) Direct Candidate Support (List Activity or Event Identifier) | | |
| h) _____ | | |
| i) _____ | | |
| g) Total Amount Transferred For Direct Candidate Support | | |

| TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED | | |
|--|--|-------|
| TOTAL This Period (Administrative) | | 0 0 0 |
| TOTAL This Period (Generic Voter Drive) | | 0 0 0 |
| TOTAL This Period (Exempt Activities) | | 0 0 0 |
| TOTAL This Period (Direct Fundraising) | | 0 0 0 |
| TOTAL This Period (Direct Candidate Support) | | 0 0 0 |
| TOTAL This Period (Total Amount Transferred) | | 0 0 0 |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS OF ALLOCATED FEDERAL/NON-FEDERAL ACTIVITY

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

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

| | | | | |
|---------------|---|-------------------|---|--------------|
| FEDERAL SHARE | + | NON-FEDERAL SHARE | = | TOTAL AMOUNT |
| | | | | |

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

| | | | | |
|---------------|---|-------------------|---|--------------|
| FEDERAL SHARE | + | NON-FEDERAL SHARE | = | TOTAL AMOUNT |
| | | | | |

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

| | | | | |
|---------------|---|-------------------|---|--------------|
| FEDERAL SHARE | + | NON-FEDERAL SHARE | = | TOTAL AMOUNT |
| | | | | |

| | | | | |
|--|---|-------------------|---|--------------|
| 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)(i) and Non-Federal share to 21(a)(ii)) | | | | |
| 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)

PAGE 17 OF 21
FOR LINE 106 OF FORM 3X

NAME OF COMMITTEE (In Full)

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

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 | = TOTAL AMOUNT |
| 0 0 0 | | 0 0 0 | 0 0 0 |
| TOTAL This Period (last page fill each line only)(Federal share to 30(a)(1) and Levin share to 30(a)(2)) | | | |
| FEDERAL SHARE | | LEVIN SHARE | TOTAL AMOUNT |
| 0 0 0 | | 0 0 0 | 0 0 0 |
| TOTAL This Period for the Levin Share | | | |

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 | 0 0 0 | 0 0 0 |
| (Add Lines 1a 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 | 0 0 0 | 0 0 0 |
| (Add Lines 4e and 5) | | |
| 7. BEGINNING CASH ON HAND (For Column B, use cash on hand 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:
(check only one) 1a 2

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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) ▶

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

0 0 0

0 0 0

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

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

FOR LINE NUMBER: **PAGE 27 OF 27**
(Check only one) 4B 4C S
 4D 4E

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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

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

B.

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

C.

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

D.

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

E.

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements (This Page (optional))

TOTAL This Period (last page this line number only)

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>1-28-05</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 |
|  PREPARER | <i>1-31-05</i> DATE PREPARED |

(5/2004)