

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2003 Date Used Only 12:29

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: if typing, type over the lines.

12FE4M5

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

ADDRESS (number and street) 1050 17th Street, NW, Suite 300

Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00295642

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:	Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
July 15 Quarterly Report (Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
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

11 23 2002

through

12 31 2002

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

Type or Print Name of Treasurer Thomas R. Hyland

Signature of Treasurer

Date

01 30 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

Office Use Only

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Apartment & Office Building Association of Metropolitan Washington
Metro PAC Federal

Report Covering the Period: From: 11/23/2002 To: 12/31/2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2002</u>		10.18
(b) Cash on Hand at Beginning of Reporting Period	1,510.30	
(c) Total Receipts (from Line 19)	40	2,820.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1,550.70	2,830.89
7. Total Disbursements (from Line 30)	7.65	1,327.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,543.05	1,503.05
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	600.00	

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 20468

Toll Free 800-424-9530
Local 202-894-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Revised 1/01)

Page 3

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

Report Covering the Period: From: **11 23 2002** To: **12 31 2002**

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individual/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	2,820.00
(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 32, page 4)	0.00	2,820.00
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 36, page 4)	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.)	0.40	0.73
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	0.40	2,820.73
20. Total Federal Receipts (subtract Line 18 from Line 19)	0.40	2,820.73

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	7.65	77.84
(c) Total Operating Expenditures (add 21(a)(i), (ii), and (b))	7.65	77.84
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	1,250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(c)) (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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	7.65	1,327.84
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	7.65	1,327.84
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 14(d), page 3)	0.00	2,820.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	0.00	2,820.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7.65	1,327.84
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)	7.65	1,327.84

**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 5 OF 16

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e	<input type="checkbox"/> 11f	<input type="checkbox"/> 11g	<input type="checkbox"/> 11h	<input type="checkbox"/> 11i	<input type="checkbox"/> 11j	<input type="checkbox"/> 11k	<input type="checkbox"/> 11l	<input type="checkbox"/> 11m	<input type="checkbox"/> 11n	<input type="checkbox"/> 11o	<input type="checkbox"/> 11p	<input type="checkbox"/> 11q	<input type="checkbox"/> 11r	<input type="checkbox"/> 11s	<input type="checkbox"/> 11t	<input type="checkbox"/> 11u	<input type="checkbox"/> 11v	<input type="checkbox"/> 11w	<input type="checkbox"/> 11x	<input type="checkbox"/> 11y	<input type="checkbox"/> 11z	
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<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"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31	<input type="checkbox"/> 32	<input type="checkbox"/> 33	<input type="checkbox"/> 34	<input type="checkbox"/> 35	<input type="checkbox"/> 36	<input type="checkbox"/> 37	<input type="checkbox"/> 38

Any information copied from such Reports and Statements may not be copied 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**

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

01/01/2011

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

01/01/2011

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

01/01/2011

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE <u>6</u> OF <u>16</u>			
	<input checked="" 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"/> 28c

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

Full Name (Last, First, Middle Initial) _____

A. Federal Express Corporation

Mailing Address P.O. Box 1140

City Memphis, State TN Zip Code 38101-1140

Purpose of Disbursement Postage for Mailing of PAC Report Category/Type

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Mailing of PAC Report

State: _____ District: _____

Date of Disbursement: 12 / 15 / 2007

Amount of Each Disbursement this Period: 7.55

Full Name (Last, First, Middle Initial) _____

B. _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____ Category/Type

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: _____ / _____ / _____

Amount of Each Disbursement this Period: _____

Full Name (Last, First, Middle Initial) _____

C. _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____ Category/Type

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: _____ / _____ / _____

Amount of Each Disbursement this Period: _____

SUBTOTAL of Disbursements This Page (optional) 7.55

TOTAL This Period (last page this line number only) 7.65

SCHEDULE C (FEC Form 3X)

LOANS

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

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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)

AOBA Special Events Fund

Election:

Primary

General

Other (specify) _____

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

1,000.00

400.00

600.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09/30/1996 09/30/2003 % (not)

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) 600.00

TOTALS This Period (last page in this line only) 600.00

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 _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

N/A

NAME OF COMMITTEE (in Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal		FEC IDENTIFICATION NUMBER 00295642	
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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> 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, charter papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, specify:		What is the value of this collateral?	Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, specify:		What is the estimated value?	
A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established:		Location of account:	
		Address:	
		City, State, Zip:	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE	
Title			

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedules for each numbered line)

FOR LINE NUMBER: (check only one)

4
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	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred 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	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred 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	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (Is Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal	FEC IDENTIFICATION NUMBER C00296542
--	--

Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure	Category/Type
Mailing Address	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code	Office Sought: House Senate Presidential	
Date	State: District:	
Amount	Check One: Support Oppose	
Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure	Category/Type
Mailing Address	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code	Office Sought: House Senate Presidential	
Date	State: District:	
Amount	Check One: Support Oppose	
Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure	Category/Type
Mailing Address	Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code	Office Sought: House Senate Presidential	
Date	State: District:	
Amount	Check One: Support Oppose	

(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, certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this day of

My Commission expires:

Signature _____ Date

NOTARY PUBLIC

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED 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 11 OF 16
FOR LINE 25 OF FORM 3X

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

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> 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				Purpose of Expenditure	Category/Type
Mailing Address				Date	
City		State	Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Aggregate General Election Expenditure for this Candidate ▶	

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	Category/Type
Mailing Address				Date	
City		State	Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Aggregate General Election Expenditure for this Candidate ▶	

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	Category/Type
Mailing Address				Date	
City		State	Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Aggregate General Election Expenditure for this Candidate ▶	

SUBTOTAL of Expenditures This Page (optional)	0.00
TOTAL This Period (last page this line number only)	0.00

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

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

USE ONLY ONE SECTION

A. NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (Check the appropriate line and enter % in box to right)
Presidential Year (85%)
All Other Years (60%)

B. HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) If checked, enter 65% in box to right
OR
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

NOTE: Funds expended must be used if the Federal proportion is greater than 65% in any year.

C. 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

D. STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

Check all Offices appearing on the next General Election Ballot:

Table with columns for office type (President, U.S. Senate, U.S. Congress, Governor, etc.), points per office, and a 'NUMBER OF POINTS' column.

FEDERAL ALLOCATION = Line 4 divided by Line 12

SCHEDULE H2 (FEC Form 3X)

N/A

ALLOCATION RATIOS

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

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT 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. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. 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.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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		
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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		
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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		
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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		
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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		
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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

PAGE 14 OF 16
FOR LINE 18 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

ADMINISTRATIVE/VOTER DRIVE AMOUNT

i) Total Administrative/Voter Drive

ii) Direct Fundraising
(List Events-Amount For Each)

DIRECT FUNDRAISING AMOUNT

e) _____

f) _____

g) _____

h) _____

a) Total Amount Transferred For Direct Fundraising ..

iii) Exempt Activity/Direct Candidate Support
(List Events-Amount For Each)

EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT

b) _____

c) _____

d) _____

e) _____

a) Total Amount Transferred For
Exempt Activity/Direct Candidate Support

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period
(Administrative/Voter Drive Amount) 0.00

TOTAL This Period (Direct Fundraising Amount) 0.00

TOTAL This Period (Exempt Activity/Direct Candidate Support) 0.00

TOTAL This Period (Total Amount Transferred) 0.00

**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

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

A. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City State Zip Code		<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:		Event Year-To-Date	
Description:		Date	
Category/Type			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City State Zip Code		<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:		Event Year-To-Date	
Description:		Date	
Category/Type			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City State Zip Code		<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:		Event Year-To-Date	
Description:		Date	
Category/Type			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT

SUBTOTAL of Joint Federal and Non-Federal Activity This Page			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT
0.00		0.00	0.00
TOTAL This Period (last page for each line only)(Federal share to 21(a)(1) and non-Federal share to 21(a)(2))			
FEDERAL SHARE		NON-FEDERAL SHARE	TOTAL AMOUNT
0.00		0.00	0.00
TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)			
		0.00	

SCHEDULE I (FEC Form 3X)

AGGREGATION PAGE

NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)

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


NAME OF ACCOUNT	Coverage Period	
	From:	To:

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
RECEIPTS (Attach Supporting Memo Schedule A Itemizing Receipts Aggregating in Excess of \$200 During the Calendar Year)		
1. TOTAL RECEIPTS:		
DISBURSEMENTS: (Attach Supporting Memo Schedule B Itemizing Disbursements Aggregating in Excess of \$200 During the Calendar Year)		
2. Transfers to Federal or Allocation Account for Allocable Expenses		
3. Transfers to State/Local Party Organizations		
4. Direct State/Local Candidate Support		
5. Other Disbursements		
6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5)		
SUMMARY		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)		
8. RECEIPTS (from Line 1)		
9. SUBTOTAL		
10. DISBURSEMENTS (from Line 6)		
11. ENDING CASH ON HAND		

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has 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"/>	First Class Mail	POSTMARKED
<input checked="" type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C) 1-30-03
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
	PREPARER	2-5-03 DATE PREPARED

2003年1月30日 7:03:45 AM