

**FEC
FORM 3X**

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

RECEIVED

2015 JAN -8 AM 8:41

Office Use Only

1. NAME OF COMMITTEE (in full)

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 ▲

C 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)
- 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

07 / 01 / 2014

through

09 / 30 / 2014

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

12 / 23 / 2014

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

Report Covering the Period: From:

07 / 01 / 2014

To:

09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		80.00
(b) Cash on Hand at Beginning of Reporting Period.....	80.00	
(c) Total Receipts (from Line 19).....	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	80.00	80.00
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	80.00	80.00
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).....	100.00	



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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

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

Report Covering the Period: From: **07 / 01 / 2014** To: **09 / 30 / 2014**

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**

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal 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	

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

1-10-2003

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 21
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 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**

Full Name (Last, First, Middle Initial)		Date of Receipt
A. Mailing Address		<input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<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"/>		

Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		<input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<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"/>		

Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		<input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<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

**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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

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) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

XXXXXXXXXX

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

XXXXXXXXXX

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

XXXXXXXXXX

SUBTOTAL of Disbursements This Page (optional)

XXXXXXXXXX 0.00

TOTAL This Period (last page this line number only)

XXXXXXXXXX 0.00

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 Buildign Association Legal Defense Fund

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address

1050 17th Street, NW, Suite 300

Fund Account

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

2014

% (apr)

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).....

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.

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).
Date account established:
Location of account:
Address:
City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
--	-------	------

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) 10 PAGE 21 OF 33 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

**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	FEC IDENTIFICATION NUMBER Y IC 00295642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

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

Purpose of Expenditure _____	Category/ Type _____	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: _____		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought _____		

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

Purpose of Expenditure _____	Category/ Type _____	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: _____		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought _____		

(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

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)

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

Category/Type

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(1)/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

Category/Type

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(1)/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

Category/Type

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(1)/441a-1)

SUBTOTAL of Expenditures This Page (optional) 0.00

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

1-800-435-7484

METHOD OF ALLOCATION FOR:

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

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

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one).

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

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check or

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

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

1-11-01 10:11:01 AM

**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
	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	<input type="text"/>
ii) Generic Voter Drive	<input type="text"/>
iii) Exempt Activities	<input type="text"/>
iv) Direct Fundraising (List Activity or Event Identifier)	
a)	<input type="text"/>
b)	<input type="text"/>
c) Total Amount Transferred For Direct Fundraising	<input type="text"/>
v) Direct Candidate Support (List Activity or Event Identifier)	
a)	<input type="text"/>
b)	<input type="text"/>
c) Total Amount Transferred For Direct Candidate Support	<input type="text"/>
vi) Public Communications Referring Only to Party (Made by PAC)	<input type="text"/>

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	<input type="text" value="0.00"/>
TOTAL This Period (Generic Voter Drive)	<input type="text" value="0.00"/>
TOTAL This Period (Exempt Activities)	<input type="text" value="0.00"/>
TOTAL This Period (Direct Fundraising)	<input type="text" value="0.00"/>
TOTAL This Period (Direct Candidate Support)	<input type="text" value="0.00"/>
TOTAL This Period (Public Communications Referring Only to Party)	<input type="text" value="0.00"/>
TOTAL This Period (Total Amount Transferred)	<input type="text" value="0.00"/>

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)

Mailing Address

City State Zip Code

Purpose of Disbursement

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

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

2025 RELEASE UNDER E.O. 14176

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 185 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

**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 <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign		
Mailing Address		Allocated Activity or Event Year-To-Date		
City	State	Zip Code	Date	
Purpose of Disbursement		Category/Type		
FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

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

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

11-01-2010 10:10:10 AM

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 (For Column B, use cash as of January 1st)		0.00
8. RECEIPTS (from Line 3)		0.00
9. SUBTOTAL (Add Lines 7 and 8)		0.00
10. DISBURSEMENTS (From Line 6)		0.00
11. ENDING CASH ON HAND (Subrad Line 10 From Line 9)		0.00

CONFIDENTIAL AND UNCLASSIFIED

11/11/11

**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

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

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>0.00</p>

1050 17th Street, N.W., Suite 300
Washington, D.C. 20036

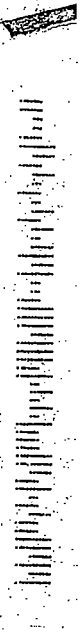
POSTNET



ZIP 20036 \$001.61⁰
02 1W
0001364152 DEC. 23 2014

RECEIVED
2015 JAN -08 AM 8:41
FEC MAIL CENTER

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



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 checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>12/23/14</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<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

JB

PREPARER
(8/2013)

1/8/2015

DATE PREPARED

20140101 10:00:00 AM