

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

C00295642 060297 N 251
 A: THOMAS R HYLAND
 APARTMENT AND OFFICE BUILDING
 ASSOCIATION OF METROPOLITAN WA
 1050 17TH STREET NW SUITE 300
 WASHINGTON DC 20036

RECEIVED
 FEDERAL ELECTION COMMISSION
 Jul 14 11 52 AM '97
 PAC Federal
 2. FEC IDENTIFICATION NUMBER
 C00295642
 3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
 (Type of Election)
 election on _____ in the State of _____
 30-Day Post-Election Report following the General Election
 on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	1-1-97 through 6-30-97		
6. (a) Cash on Hand January 1, 1997			\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period		\$ 0.00	
(c) Total Receipts (from Line 19)		\$ 1,570.00	\$ 1,570.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 1,570.00	\$ 1,570.00
7. Total Disbursements (from Line 30)		\$ 1,560.00	\$ 1,560.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 10.00	\$ 10.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	For further information contact: Federal Election Commission 900 E Street, NW Washington, DC 20463 Toll Free: 800-424-9530 Local: 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 1,000.00	

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

Thomas R. Hyland

Date

July 8, 1997

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE **Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal**

REPORT COVERING PERIOD
FROM **1-1-97** TO **6-30-97**

I Receipts

	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,500.00	1,500.00	11999
ii. Unitemized	70.00	70.00	11699
iii. Total	1,570.00	1,570.00	11099
b. Political Party Committees	0.00	0.00	1299
c. Other Political Committees (such as PACs)	0.00	0.00	1499
d. Total Contributions	1,570.00	1,570.00	1599
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	16
13. All Loans Received	0.00	0.00	17
14. Loan Repayments Received	0.00	0.00	18
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	19
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	20
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	21
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	22
19. Total Receipts	1,570.00	1,570.00	23
20. Total Federal Receipts	1,570.00	1,570.00	24

II Disbursements

21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	N/A	N/A	21999
ii. Non-Federal Share	N/A	N/A	21699
b. Other Federal Operating Expenditures	60.00	60.00	21499
c. Total Operating Expenditures	60.00	60.00	21199
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,500.00	1,500.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:	0.00	0.00	
a. Individual/Persons Other Than Political Committees			28999
b. Political Party Committees	0.00	0.00	28699
c. Other Political Committees (such as PACs)	0.00	0.00	28399
d. Total Contribution Refunds	0.00	0.00	28099
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements	1,560.00	1,560.00	30
31. Total Federal Disbursements	1,560.00	1,560.00	31

III Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)	1,570.00	1,570.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,570.00	1,570.00	34
35. Total Federal Operating Expenditures	1,560.00	1,560.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures	1,560.00	1,560.00	37

1997-01-01 11:23:33 AM

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 13
FOR LINE NUMBER

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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Van Metre Management Company 5280 Lyngate Court Burke, VA 22015 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	N/A Occupation: <u>Property Management</u> Aggregate Year-to-Date > \$ <u>500.00</u>	2-18-97	500.00
David H. Hillman 1950 Old Gallows Road, #600 Vienna, VA 22182 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Southern Mgmt. Corp. Occupation: <u>Property Management</u> Aggregate Year-to-Date > \$ <u>1,000.00</u>	6-11-97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 1,500.00

TOTAL This Period (last page this line number only) 1,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 13
FOR LINE NUMBER

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, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
George Mason Bank 1667 K Street, N.W. Washington, D.C. 20006	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>s/c</i>	2-28-97	15.00
George Mason Bank 1667 K Street, N.W. Washington, D.C. 20006	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>s/c</i>	3-31-97	15.00
George Mason Bank 1667 K Street, N.W. Washington, D.C. 20006	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>s/c</i>	4-30-97	15.00
George Mason Bank 1667 K Street, N.W. Washington, D.C. 20006	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	5-31-97	15.00
Moran for Congress 1225 19th Street, N.W., 5th Fl. Washington, D.C. 20036	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-4-97	500.00
Davis for Congress P.O. Box 483 Dunn Loring, VA 22027	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-11-97	1,000.00

SUBTOTAL of Disbursements This Page (optional)	1,560.00
TOTAL This Period (last page this line number only)	1,560.00

607 - 0835 - 25 25 25 25 25

LOANS

Name of Committee (in Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC-Federal			
A. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) C Secured	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code 2. Full Name, Mailing Address and ZIP Code 3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$ _____ Name of Employer Occupation Amount Guaranteed Outstanding: \$ _____ Name of Employer Occupation Amount Guaranteed Outstanding: \$ _____	(This area is intentionally left blank)	
B. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) C Secured	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code 2. Full Name, Mailing Address and ZIP Code 3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$ _____ Name of Employer Occupation Amount Guaranteed Outstanding: \$ _____ Name of Employer Occupation Amount Guaranteed Outstanding: \$ _____	(This area is intentionally left blank)	
SUBTOTALS This Period This Page (optional)			0.00
TOTALS This Period (last page in this line only)			0.00
Carry outstanding balances only to LINE 2, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

97-035-1035-156869

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal		FEC IDENTIFICATION NUMBER	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) N/A		AMOUNT OF LOAN	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	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 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

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	DATE
TYPED NAME	SIGNATURE

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

i. To the best of this institution's knowledge, the 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	TITLE	DATE
TYPED NAME	SIGNATURE	

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 7 of 13 for
LINE NUMBER _____
(Use separate schedules
for each numbered line)

Name of Committee (in Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC-Federal	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payments This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor AOBA Special Events Fund 1050 17th Street, N.W., Suite 300 Washington, D.C. 20036	1,000.00	0.00	0.00	1,000.00
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				1,000.00
2) TOTALS This Period (last page in this line only)				1,000.00
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)				1,000.00

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (In Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC-Federal				
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ <u>0.00</u>	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ <u>0.00</u>	
(c) TOTAL Independent Expenditures			\$ <u>0.00</u>	

Under penalty of perjury I 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 _____, 19_____

My Commission expires: _____

NOTARY PUBLIC

Signature _____

Date _____

SCHEDULE F

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

Page 9 of 13 for
LINE NUMBER _____

(To be used only by Political Committees in the General Election)

Name of Political 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? YES NO
If YES, name the designating committee:

Full Name, Mailing Address and ZIP Code of Subordinate Committee

Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Aggregate General Election Expenditure for this Candidate—\$				
Aggregate General Election Expenditure for this Candidate—\$				
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

97-013-02-01-03

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

N/A

NAME OF COMMITTEE **Apartment & Office Building Association of Metropolitan Washington Metro-PAC Federal**

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) %
 PRESIDENTIAL YEAR (65%)
 ALL OTHER YEARS (60%)

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.

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 \$

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

	NUMBER OF POINTS
1. PRESIDENT <input type="checkbox"/> (1 POINT)	<input type="text"/>
2. U.S. SENATE <input type="checkbox"/> (1 POINT)	<input type="text"/>
3. U.S. CONGRESS <input type="checkbox"/> (1 POINT)	<input type="text"/>
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)	<input type="text"/>
5. GOVERNOR <input type="checkbox"/> (1 POINT)	<input type="text"/>
6. OTHER STATEWIDE OFFICE(S) <input type="checkbox"/> (1 OR 2 POINTS)	<input type="text"/>
7. STATE SENATE <input type="checkbox"/> (1 POINT)	<input type="text"/>
8. STATE REPRESENTATIVE <input type="checkbox"/> (1 POINT)	<input type="text"/>
9. LOCAL CANDIDATES <input type="checkbox"/> (1 OR 2 POINTS)	<input type="text"/>
10. EXTRA NON-FEDERAL POINT <input type="checkbox"/> (1 POINT)	<input type="text"/>
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)	<input type="text"/>
12. TOTAL POINTS (LINE 4 PLUS LINE 11)	<input type="text"/>

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 %

ALLOCATION RATIOS

N/A

NAME OF COMMITTEE 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 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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %

97-013-243-3165

RECEIPT SCHEDULE H3
(effective 1/1/91)

**TRANSFERS FROM
NON-FEDERAL ACCOUNTS**

NAME OF COMMITTEE Apartment & Office Building Association of Metropolitan Washington Metro PAC-Federal	TOTAL AMOUNT TRANSFERRED
--	-------------------------------------

NAME OF ACCOUNT	DATE OF RECEIPT	\$
-----------------	-----------------	----

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND- RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT	DATE OF RECEIPT	\$
-----------------	-----------------	----

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND- RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND- RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
SUBTOTAL THIS PAGE	0.00	0.00	0.00	0.00
TOTAL THIS PERIOD	0.00	0.00	0.00	0.00

697-005-12-1-91-2345-00

DISBURSEMENT SCHEDULE H4
(effective 1/1/81)

**JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE**

NAME OF COMMITTEE Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			0.00	0.00	0.00
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a i and non-Fed. share to 21 a ii)			0.00	0.00	0.00
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

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Federal Election Commission
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