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FEDERAL ELECTION COMMISSION  
999 E STREET, NW  
WASHINGTON, DC 20463

**WESTERN UNION MAILGRAM**



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THOMAS R HYLAND  
APARTMENT AND OFFICE BUILDING ASSOCIATIO  
1050 17TH ST NW STE 300  
WASHINGTON DC 20036-5538

December 17, 2004

IDENTIFICATION NUMBER: C00295642  
REFERENCE: 30 DAY POST-GENERAL REPORT (11/02/2004 - 11/22/2004)

DEAR TREASURER:

IT HAS COME TO THE ATTENTION OF THE FEDERAL ELECTION COMMISSION (FEC) THAT YOU MAY HAVE FAILED TO FILE THE ABOVE REFERENCED REPORT OF RECEIPTS AND EXPENDITURES AS REQUIRED BY THE FEDERAL ELECTION CAMPAIGN ACT, AS AMENDED. YOU WERE PREVIOUSLY NOTIFIED OF THE DUE DATE FOR THIS REPORT.

IT IS IMPORTANT THAT YOU FILE THIS REPORT IMMEDIATELY WITH THE FEC, 999 E STREET, N.W., WASHINGTON, D.C., 20463. A COPY OF THE REPORT OR RELEVANT PORTIONS MUST ALSO BE FILED WITH THE SECRETARY OF STATE OR EQUIVALENT STATE OFFICER, UNLESS THE STATE IS EXEMPT FROM THE FEDERAL REQUIREMENT TO RECEIVE AND MAINTAIN PAPER COPIES.

DUE TO RECENT EVENTS, THE US POSTAL SERVICE IS EXPERIENCING DELAYS IN THE DELIVERY OF MAIL FOR THE WASHINGTON, DC AREA. CONSEQUENTLY, THE FEC IS NOT IN RECEIPT OF ALL INCOMING MAIL. THE COMMISSION RECOMMENDS THAT YOU SUBMIT YOUR REPORT AND CONSIDER USING ALTERNATE DELIVERY SERVICES SUCH AS OVERNIGHT DELIVERY OR DELIVERY BY COURIER. YOU CAN VERIFY THE COMMISSION'S RECEIPT OF ANY DOCUMENTS SUBMITTED BY YOUR COMMITTEE ON THE FEC WEBSITE AT WWW.FEC.GOV.

THE FAILURE TO TIMELY FILE THIS REPORT MAY RESULT IN CIVIL MONEY PENALTIES, AN AUDIT OR LEGAL ENFORCEMENT ACTION. THE CIVIL MONEY PENALTY CALCULATION FOR LATE REPORTS DOES NOT INCLUDE A GRACE PERIOD AND BEGINS ON THE DAY FOLLOWING THE DUE DATE FOR THE REPORT.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT Elizabeth Goings ON OUR TOLL FREE NUMBER (800)424-9530. OUR LOCAL NUMBER IS (202)694-1130.

SINCERELY,

JOHN D. GIBSON  
ASSISTANT STAFF DIRECTOR  
REPORTS ANALYSIS DIVISION

MGMCOMP 18:07 EST

AGM CS (1004)

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Office Use Only

# FEC FORM 3X

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

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Apartment 18 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) (b) Monthly Report Due On:  Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

(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)

- 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)

(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  Convention (12C)  Special (12S)

Election on 11 / 02 / 2004 in the State of DC

(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)

Election on 11 / 02 / 2004 in the State of DC

5. Covering Period 10 / 01 / 2004 through 11 / 01 / 2004

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 11 / 29 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §457g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Apartment & Office Building Association of Metropolitan Washington  
Metro PAC Federal

Report Covering the Period: From:   To:

|  | COLUMN A<br>This Period                  | COLUMN B<br>Calendar Year-to-Date        |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2 0 0 4"/>                                   |  | <input type="text" value="2 8 8 6 6"/>   |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="1 1 8 8 5 4"/> |  |
| (c) Total Receipts (from Line 10).....   | <input type="text" value="1 0"/>         | <input type="text" value="1 0 0 1 0 5"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....      | <input type="text" value="1 1 8 8 6 4"/> | <input type="text" value="1 2 8 9 7 2"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="0 0 0"/>       | <input type="text" value="1 0 1 0 8"/>   |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                 | <input type="text" value="1 1 8 8 6 4"/> | <input type="text" value="1 1 8 8 6 4"/> |
| 9. Debts and Obligations Owed TO<br>the Committee (itemize all on<br>Schedule C and/or Schedule D).....  | <input type="text" value="0 0 0"/>       |  |
| 10. Debts and Obligations Owed BY<br>the Committee (itemize all on<br>Schedule C and/or Schedule D)..... | <input type="text" value="0 0 0"/>       |  |

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: **1 0 0 1** **2 0 0 4** To: **1 1 0 1** **2 0 0 4**

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 0 0 0                         | 0 0 0                             |
| (ii) Unitemized.....  | 0 0 0                         | 0 0 0                             |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 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 Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶   | 0 0 0                         | 0 0 0                             |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0 0 0                         | 0 0 0                             |
| 13. All Loans Received.....   | 0 0 0                         | 0 0 0                             |
| 14. Loan Repayments Received.....   | 0 0 0                         | 0 0 0                             |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0 0 0                         | 0 0 0 0 0                         |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0 0 0                         | 0 0 0                             |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 1 0 6                         | 1 0 6                             |
| 18. Transfers from Non-Federal and Levin Funds:   |                               |                                   |
| (a) Non-Federal Account (from Schedule HS).....   | 0 0 0                         | 0 0 0                             |
| (b) Levin Funds (from Schedule HS).....   | 0 0 0                         | 0 0 0                             |
| (c) Total Transfers (add 18(a) and 18(b)).....  | 0 0 0                         | 0 0 0                             |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 16, 17, and 18(c)).....▶                             | 1 0                           | 1 0 0 1 0 6                       |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 1 0                           | 1 0 0 1 0 6                       |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2016)

Page 4

| II. Disbursements   | COLUMN A<br>Total This Period | COLUMN B<br>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 .....  | 0 0 0                         | 1 0 1 0 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. §4312(b))   |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H8)                                      |                               |                                   |
| (i) Federal Share .....   | 0 0 0                         | 0 0 0                             |
| (ii) "Levin" Share .....  | 0 0 0                         | 0 0 0                             |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                            | 0 0 0                         | 0 0 0                             |
| (c) Total Federal Election Activity (add Lines 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)) ..       | 0 0 0                         | 1 0 1 0 8                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ..... | 0 0 0                         | 1 0 1 0 8                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 0 0 0                         | 0 0 0                             |
| 34. Total Contribution Refunds<br>(from Line 20(d)) .....                            | 0 0 0                         | 0 0 0                             |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 0 0 0                         | 0 0 0                             |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(1) and Line 21(b)) ..... | 0 0 0                         | 0 0 0                             |
| 37. Offsets to Operating Expenditures<br>(from Line 16, page 3) .....                | 0 0 0                         | 0 0 0                             |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0 0 0                         | 0 0 0                             |

**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"/> 12 |
| <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**

**A.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee:  \_\_\_\_\_

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:  \_\_\_\_\_

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:  \_\_\_\_\_

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) ..... ▶

**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)

|                             |                              |                              |                              |                             |                              |
|-----------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 23 | <input type="checkbox"/> 22  | <input type="checkbox"/> 21  | <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

**A.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: [ ] / [ ] / [ ]

Amount of Each Disbursement this Period: [ ]

Category/Type: [ ]

**B.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: [ ] / [ ] / [ ]

Amount of Each Disbursement this Period: [ ]

Category/Type: [ ]

**C.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: [ ] / [ ] / [ ]

Amount of Each Disbursement this Period: [ ]

Category/Type: [ ]

SUBTOTAL of Disbursements This Page (optional) \_\_\_\_\_ ▶

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

[ ]

[ ]



**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)

Exempt:

- 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 |
| <input type="text"/>    | <input type="text"/>       | <input type="text"/>                        |

**TERMS**

|                      |                      |                              |  |
|----------------------|----------------------|------------------------------|--|
| Date Incurred        | Date Due             | Interest Rate                | Secured:   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % (apr) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

|  |   |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |

SUBTOTALS This Period This Page (optional) ▶

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

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 5 of Schedule C

|  |   |
|--|---|
| NAME OF COMMITTEE (in full): Apartment & Office Building Association<br>of Metropolitan Washington Metro PAC Federal | <b>FEC IDENTIFICATION NUMBER</b><br>C 0 0 2 9 5 5 4 2 |
|--|---|

|   |   |                              |
|---|---|------------------------------|
| <b>LENDING INSTITUTION (LENDER)</b><br>Full Name: _____<br><br>Mailing Address: _____<br><br>City: _____ State: _____ Zip Code: _____ | Amount of Loan: _____<br><br>Date Incurred or Established: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]<br><br>Date Due: [ ][ ] / [ ][ ] / [ ][ ][ ][ ] | Interest Rate (APR): _____ % |
|---|---|------------------------------|

A. Has loan been restricted?  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 this debt incurred?  
 No  Yes (Endorsors 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 100.143(e)(4).

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.

|  |                                      |
|--|--------------------------------------|
| <b>G. COMMITTEE TREASURER</b><br>Typed Name: _____<br>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.

|   |                                      |              |
|---|--------------------------------------|--------------|
| <b>AUTHORIZED REPRESENTATIVE</b><br>Typed Name: _____<br>Signature: _____ | DATE: [ ][ ] / [ ][ ] / [ ][ ][ ][ ] | Title: _____ |
|---|--------------------------------------|--------------|

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
Excluding Loans

(Use separate  
statements  
for each  
numbered line)

FOR LINE NUMBER:  
(check only one)  2  
 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 D (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**

NAME OF COMMITTEE (in Full): Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal **FEC IDENTIFICATION NUMBER** C100295542

Check if  24-hour notice  48-hour notice

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

Date

Mailing Address

[ ] / [ ] / [ ]

Amount

City

State

Zip Code

[ ]

Purpose of Expenditure

Category/Type [ ]

Office Sought:

House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought

[ ]

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

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

Date

Mailing Address

[ ] / [ ] / [ ]

Amount

City

State

Zip Code

[ ]

Purpose of Expenditure

Category/Type [ ]

Office Sought:

House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought

[ ]

Disbursement For:  Primary  General  
 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 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)

PAGE 12 OF 21  
 FOR LINE 25 OF FORM 3X

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

Check if  
 24-hour notice

|   |                                    |
|---|------------------------------------|
| Has your committee been designated to make coordinated expenditures by a political party committee?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | Full Name of Subordinate Committee |
| If YES, name the designating 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 | <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(441a-1)) |                        |

|   |  |                        |
|---|--|------------------------|
| 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 | <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(441a-1)) |                        |

|   |  |                        |
|---|--|------------------------|
| 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 | <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(441a-1)) |                        |

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

**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 (16% 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.

|  |  |  |
|--|--|--|
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:<br/> <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:<br/> <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p style="text-align: right;">%</p> | <p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p style="text-align: right;">%</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:<br/> <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:<br/> <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p style="text-align: right;">%</p> | <p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p style="text-align: right;">%</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:<br/> <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:<br/> <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p style="text-align: right;">%</p> | <p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p style="text-align: right;">%</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:<br/> <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:<br/> <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p style="text-align: right;">%</p> | <p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p style="text-align: right;">%</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:<br/> <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:<br/> <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p style="text-align: right;">%</p> | <p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p style="text-align: right;">%</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:<br/> <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:<br/> <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p style="text-align: right;">%</p> | <p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p style="text-align: right;">%</p> |

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

PAGE 15 OF 21  
 FOR LINE 18a 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 |
|-----------------|--|--------------------------|
|                 | <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"/>   | <input type="text"/> |
| b) <input type="text"/>   | <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"/>   | <input type="text"/> |
| b) <input type="text"/>   | <input type="text"/> |
| c) Total Amount Transferred For Direct Candidate Support        | <input type="text"/> |

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

|  |                            |
|--|----------------------------|
| TOTAL This Period (Administrative)           | <input type="text"/> 0 0 0 |
| TOTAL This Period (Generic Voter Drive)      | <input type="text"/> 0 0 0 |
| TOTAL This Period (Exempt Activities)        | <input type="text"/> 0 0 0 |
| TOTAL This Period (Direct Fundraising)       | <input type="text"/> 0 0 0 |
| TOTAL This Period (Direct Candidate Support) | <input type="text"/> 0 0 0 |
| TOTAL This Period (Total Amount Transferred) | <input type="text"/> 0 0 0 |



SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENTS OF ALLOCATED  
FEDERAL/NON-FEDERAL ACTIVITY

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

|  |       |  |  |
|--|-------|--|--|
| A. Full Name (Last, First, Middle Initial) |       | Associated Activity or Event   |  |
| Mailing Address                            |       | <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt<br><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) |       | Associated Activity or Event:  |  |
| Mailing Address                            |       | <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt<br><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) |       | Associated Activity or Event:  |  |
| Mailing Address                            |       | <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt<br><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)(1) and Non-Federal share to 21(a)(2)) |   |                   |   |              |
| FEDERAL SHARE  |   | NON-FEDERAL SHARE |   | TOTAL AMOUNT |
| 0 0 0  |   |                   |   | 0 0 0        |
| TOTAL This Period for the Non-Federal Share  |   |                   |   |              |
|  |   | 0 0 0             |   |              |

**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)

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

Total Amount Transferred for Voter Registration

VOTER REGISTRATION

VOTER ID

ii) Voter ID

Total Amount Transferred for Voter ID

GOTV

iii) GOTV

Total Amount Transferred for GOTV

GENERIC CAMPAIGN ACTIVITY

iv) 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

Total Amount Transferred for Voter Registration

VOTER REGISTRATION

VOTER ID

ii) Voter ID

Total Amount Transferred for Voter ID

GOTV

iii) GOTV

Total Amount Transferred for GOTV

GENERIC CAMPAIGN ACTIVITY

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration)

TOTAL This Period (Voter ID)

TOTAL This Period (GOTV)

TOTAL This Period (Generic Campaign Activity)

TOTAL This Period (Total Amount of Transfers Received)



**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<br>TOTAL THIS PERIOD | COLUMN B<br>YEAR-TO-DATE |
|--|-------------------------------|--------------------------|
| <b>1. RECEIPTS FROM PERSONS</b>                      |                               |                          |
| (a) Itemized .....<br>(Use Schedule L-A)             |                               |                          |
| (b) Unitemized .....                                 |                               |                          |
| (c) Total .....                                      |                               |                          |
| <b>2. OTHER RECEIPTS .....</b>                       |                               |                          |
| <b>3. TOTAL RECEIPTS .....</b>                       | 0 0 0                         | 0 0 0                    |
| (Add Lines 1c and 2)                                 |                               |                          |
| <b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> |                               |                          |
| (Use Schedule L-B)                                   |                               |                          |
| (a) Voter Registration .....                         |                               |                          |
| (b) Voter ID .....                                   |                               |                          |
| (c) GOTV .....                                       |                               |                          |
| (d) Generic Campaign .....                           |                               |                          |
| (e) Total .....                                      |                               |                          |
| <b>5. OTHER DISBURSEMENTS .....</b>                  |                               |                          |
| <b>6. TOTAL DISBURSEMENTS .....</b>                  | 0 0 0                         | 0 0 0                    |
| (Add Lines 4e and 5)                                 |                               |                          |
| <b>7. BEGINNING CASH ON HAND .....</b>               |                               |                          |
| (For Column B use cash as of January 1st)            |                               |                          |
| <b>8. RECEIPTS .....</b>                             |                               |                          |
| (From Line 3)  |                               |                          |
| <b>9. SUBTOTAL .....</b>                             |                               |                          |
| (Add Lines 7 and 8)                                  |                               |                          |
| <b>10. DISBURSEMENTS .....</b>                       |                               |                          |
| (From Line 6)  |                               |                          |
| <b>11. ENDING CASH ON HAND .....</b>                 | 0 0 0                         | 0 0 0                    |
| (Subtract Line 10 From Line 9)                       |                               |                          |

**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:  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

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

**A.** Mailing Address

Date of Receipt  
[ ] / [ ] / [ ]

City State Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

[ ]

Occupation

Aggregate Year-to-Date

[ ]

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

**B.** Mailing Address

Date of Receipt  
[ ] / [ ] / [ ]

City State Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

[ ]

Occupation

Aggregate Year-to-Date

[ ]

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

**C.** Mailing Address

Date of Receipt  
[ ] / [ ] / [ ]

City State Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

[ ]

Occupation

Aggregate Year-to-Date

[ ]

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

**D.** Mailing Address

Date of Receipt  
[ ] / [ ] / [ ]

City State Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

[ ]

Occupation

Aggregate Year-to-Date

[ ]

SUBTOTAL of Receipts This Page (optional) ▶

[ ] [ ] [ ]

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

[ ] [ ] [ ]

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

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

FOR LINE NUMBER: PAGE 21 OF 21  
(Check only one)  4a  4c  5  
 4b  4d

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

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

**A.**

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

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) \$ 0.00

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

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<br><i>12/21/04</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    |

*QAD*  
 PREPARER  
 (5/2004)

*12/23/04*  
 DATE PREPARED