

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEDERAL OPERATIONS CENTER

2004 JUL 14 11:07

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 Washington DC 20036

2. FEC IDENTIFICATION NUMBER C 0 0 2 9 5 6 4 2 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mer 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 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 04/01/2004 through 06/30/2004

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 [Signature] Date 07/13/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Vertical text on the left margin: 2004 JUL 14 11:07

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

Apartment & Office Building Association of Metropolitan Washington Metro
PAC Federal

Report Covering the Period: From: ^M0 ^D4 / ^Y01 / ^Y2004 To: ^M06 / ^D30 / ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand ^Y ^Y ^Y ^Y January 1, 2 0 0 4	2 0 0 4	2 8 8 6 6
(b) Cash on Hand at Beginning of Reporting Period	1, 2 8 1. 0 4	
(c) Total Receipts (from Line 19)	3 3	1, 0 0 0. 6 5
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1, 2 8 1. 3 7	1, 2 8 9. 3 1
7. Total Disbursements (from Line 31)	1 0 6 8	1 8 6 2
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1, 2 7 0. 6 9	1, 2 7 0. 6 9
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0 0 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

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

Report Covering the Period: From: 0 4 0 1 2 0 0 4 To: 0 6 3 0 2 0 0 4

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) Named (use Schedule A)	0 0 0	0 0 0
(ii) Unnamed	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)(iii), (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	1 0 0 0 0 0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	3 3	6 5
17. Other Federal Receipts (Dividends, Interest, etc.)	0 0 0	0 0 0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0 0 0	0 0 0
(b) Levin Funds (from Schedule H5)	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, 15, 16, 17, and 18(c))	3 3	1 0 0 0 6 5
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3 3	1 0 0 0 6 5

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0 0 0	0 0 0
(ii) Non-Federal Share	0 0 0	0 0 0
(b) Other Federal Operating Expenditures	1 0 6 8	1 8 6 2
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1 0 6 8	1 8 6 2
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. 6441a(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. 5431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(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)) ..	1 0 6 8	1 8 6 2
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1 0 6 8	1 8 6 2

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0 0 0	0 0 0
34. Total Contribution Refunds (from Line 26(d))	0 0 0	0 0 0
35. Net Contributions (other than loans) (subtract Line 33 from Line 32)	0 0 0	0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1 0 6 8	1 8 6 2
37. Offsets to Operating Expenditures (from Line 15, page 3)	0 0 0	0 0 0
38. Net Operating Expenditures (subtract Line 36 from Line 35)	1 0 6 8	1 8 6 2

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 21	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		
Occupation		
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)	0.00
TOTAL This Period (last page this line number only)	0.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 21

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (in Full) **Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal**

Full Name (Last, First, Middle Initial) A. Federal Express Corporation		Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 4
Mailing Address P.O. Box 371461		Amount of Each Disbursement this Period 1 0 6 8
City Pittsburgh	State Zip Code PA 15250	
Purpose of Disbursement Postage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Mail PAC REPORT	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1 0 6 8
TOTAL This Period (last page this line number only)	1 0 6 8

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)

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MMDDYY YYY MMDDYY YYY % (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) ▶

0 0 0

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

0 0 0

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page 9 of Schedule C

Federal Election Commission, Washington, D.C. 20463

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

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established	Date Due
City State Zip Code		

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(a)(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)	PAGE 10 OF 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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 21
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal	FEC IDENTIFICATION NUMBER C 0 0 2 9 5 6 4 2
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date M / D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	

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

Full Name (Last, First, Middle Initial) of Payee	Date M / D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	

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

(a) SUBTOTAL of Itemized Independent Expenditures	0 0 0
(b) SUBTOTAL of Unitemized Independent Expenditures	0 0 0
(c) TOTAL Independent Expenditures	0 0 0

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M / D / Y Y Y Y

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? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<input type="checkbox"/> Category/ Type
Mailing Address				Date		
City		State		Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Aggregate General Election Expenditure for this Candidate ▶						

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<input type="checkbox"/> Category/ Type
Mailing Address				Date		
City		State		Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Aggregate General Election Expenditure for this Candidate ▶						

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<input type="checkbox"/> Category/ Type
Mailing Address				Date		
City		State		Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Aggregate General Election Expenditure for this Candidate ▶						

SUBTOTAL of Expenditures This Page (optional) ▶	0 0 0
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**

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

USE ONLY ONE SECTION

State and Local Party Committees

Fixed Percentage (select one)

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

Separate Segregated Funds and Non-Connected Committees

Funds Expended

Estimated Direct Candidate Support -- Federal %

Estimated Direct Candidate Support -- Non-Federal %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support -- Federal %

Actual Direct Candidate Support -- Non-Federal

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

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

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

Methods of allocation:

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

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

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

BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		
ii) Generic Voter Drive		
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Identifier)		
a)		
b)		
c) Total Amount Transferred For Direct Fundraising		
v) Candidate Support (List Activity or Event Identifier)		
a)		
b)		
c) Total Amount Transferred For Direct Candidate Support		

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

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

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

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	Date
Activity or Event Identifier:			

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	Date
Activity or Event Identifier:			

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	Date
Activity or Event Identifier:			

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and Non-Federal Activity This Page				
FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and Non-Federal share to 21(a)(ii))				
FEDERAL SHARE		NON-FEDERAL SHARE		TOTAL AMOUNT
0.00		0.00		0.00
TOTAL This Period for the Non-Federal Share				
		0.00		0.00

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 M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
i) Voter Registration Total Amount Transferred for Voter Registration				
ii) Voter ID Total Amount Transferred for Voter ID				
iii) GOTV Total Amount Transferred for GOTV				
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity				

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
i) Voter Registration Total Amount Transferred for Voter Registration				
ii) Voter ID Total Amount Transferred for Voter ID				
iii) GOTV Total Amount Transferred for GOTV				
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)	0.00
TOTAL This Period (Voter ID)	0.00
TOTAL This Period (GOTV)	00.00
TOTAL This Period (Generic Campaign Activity)	0.00
TOTAL This Period (Total Amount of Transfers Received)	00.00

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 M M / D D / Y Y Y Y
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

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 M M / D D / Y Y Y Y
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

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 M M / D D / Y Y Y Y
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)(1) and Levin share to 30(a)(1))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
0.00		0.00	0.00
TOTAL This Period for the Levin Share			
		0.00	0.00

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)	0 0 0	0 0 0
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)	0 0 0	0 0 0
7. BEGINNING CASH ON HAND (For Column B, use cash as of January 1st)		
8. RECEIPTS (From Line 3)		
9. SUBTOTAL (Add Lines 7 and 8)		
10. DISBURSEMENTS (From Line 6)		
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)	0 0 0	0 0 0

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	PAGE 20 OF 21	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 1B <input type="checkbox"/> 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**

A. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation			Date of Receipt . M M / D D / Y Y Y Y Amount of Each Receipt this Period Aggregate Year-to-Date
B. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation			Date of Receipt . M M / D D / Y Y Y Y Amount of Each Receipt this Period Aggregate Year-to-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation			Date of Receipt . M M / D D / Y Y Y Y Amount of Each Receipt this Period Aggregate Year-to-Date
D. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation			Date of Receipt . M M / D D / Y Y Y Y Amount of Each Receipt this Period Aggregate Year-to-Date
SUBTOTAL of Receipts This Page (optional) ▶			0.00
TOTAL This Period (last page this line number only) ▶			0.00

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

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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 Disbursement
 M M / D D / Y Y Y Y Y Y

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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

B. _____
Mailing Address

Date of Disbursement
 M M / D D / Y Y Y Y Y Y

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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

C. _____
Mailing Address

Date of Disbursement
 M M / D D / Y Y Y Y Y Y

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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

D. _____
Mailing Address

Date of Disbursement
 M M / D D / Y Y Y Y Y Y

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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

E. _____
Mailing Address

Date of Disbursement
 M M / D D / Y Y Y Y Y Y

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

SUBTOTAL of Disbursements This Page (optional) ▶

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

0 0 0
 0 0 0

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fedex</i>	Shipping Date <i>7-13-04</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
<i>See</i> PREPARER	<i>7-14-04</i> DATE PREPARED

(5/2004)