

Federal Election Commission  
999 E Street NW Rm 706  
Washington, DC 20463



100626000296 05/06/02  
EM16105

BLA1 - BLAA

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

REC'D  
MAY 20 10 31 AM '02

May 6, 2002

IDENTIFICATION NUMBER: C00295642

REFERENCE: APRIL QUARTERLY REPORT (01/01/2002 - 03/31/2002)

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 Scott B. Walker 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 18:40 EST

MGM CB (10/99)



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Apartment & Office Building Association of  
Metropolitan Washington Metro PAC Federal

Report Covering the Period:

From:

01 01 2002

To:

03 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		10 18
(b) Cash on Hand at Beginning of Reporting Period	10 18	
(c) Total Receipts (from Line 19)	20 01	20 01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30 19	30 19
7. Total Disbursements (from Line 30)	30 00	30 00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0 19	0 19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0 00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	500 00	

This committee has qualified as a multicandidate committee. (see FEC FORM 114)

**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 (Revised 1/01)

Page 3

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

Report Covering the Period: From **01/01/2001** To **03/31/2002**

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	
(ii) Unitemized .....	20.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	20.00	20.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) .....	20.00	20.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	.01	.01
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 16, 17, and 18) .....	20.01	20.01
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	20.01	20.01

APR 11 2002 10 10 AM '02

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<b>21. Operating Expenditures:</b>		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share .....	0.00	0.00
(b) Other Federal Operating Expenditures .....	30.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	30.00	30.00
<b>22. Transfers to Affiliated/Other Party Committees .....</b>	0.00	0.00
<b>23. Contributions to Federal Candidates/Committees and Other Political Committees .....</b>	0.00	0.00
<b>24. Independent Expenditures (use Schedule E) .....</b>	0.00	0.00
<b>25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F) .....</b>	0.00	0.00
<b>26. Loan Repayments Made .....</b>	0.00	0.00
<b>27. Loans Made .....</b>	0.00	0.00
<b>28. Refunds of Contributions to:</b>		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
<b>29. Other Disbursements .....</b>	0.00	0.00
<b>30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....</b>	30.00	30.00
<b>31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) .....</b>	30.00	30.00
<b>III. Net Contributions/Operating Expenditures</b>		
<b>32. Total Contributions (other than loans) (from Line 11(d), page 3) .....</b>	0.00	0.00
<b>33. Total Contribution Refunds (from Line 28(d)) .....</b>	0.00	0.00
<b>34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....</b>	0.00	0.00
<b>35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....</b>	30.00	30.00
<b>36. Offsets to Operating Expenditures (from Line 15, page 3) .....</b>	0.00	0.00
<b>37. Net Operating Expenditures (subtract Line 36 from Line 35) .....</b>	30.00	30.00

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

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

FOR LINE NUMBER: PAGE 5 OF 16  
 11a  11b  11c  12  
 13  14  15  16  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) N/A

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

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

FEC ID number of contributing federal political committee: C

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: C

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: C

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

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

Aggregate Year-to-Date

Date of Receipt \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$	.....
<b>TOTAL</b> 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)

PAGE 6 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29

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 and Office Building Association of Metropolitan Washington Metro PAC Federal**

**A.** Full Name (Last, First, Middle Initial) **N/A**

Mailing Address

Date of Disbursement  
MM / DD / YYYY

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period

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

Mailing Address

Date of Disbursement  
MM / DD / YYYY

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period

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

Mailing Address

Date of Disbursement  
MM / DD / YYYY

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period

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 1 OF 16  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (or Fund) **Apartment and Office Building Association of Metropolitan Washington Metro PAC Federal**

LOAN SOURCE Full Name (Last, First, Middle Initial)  
**AOBA Special Events Fund**

Mailing Address  
**1050 17th St. N.W. Suite 300**

City **Washington** State **DC** ZIP Code **20036**

Election:  
 Primary  
 General  
 Other (specify) **F**

Original Amount of Loan	Cumulative Payment to Date	Balance Outstanding at Close of This Period
<b>1,000.00</b>	<b>400.00</b>	<b>600.00</b>

TERMS

Date Incented	Date Due	Interest Rate	Secured:
<b>09/30/1996</b>	<b>09/30/2003</b>	<b>% (apr)</b>	<input type="checkbox"/> Yes <input checked="" 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 <b>SOME O</b>	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) **600.00**

TOTALS This Period (last page to this line only) **600.00**

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



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

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal.	FEC IDENTIFICATION NUMBER C 00295642
--	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
---	----------------	--------------------------

Mailing Address City State Zip Code	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)(1)(i)(B) and 100.8(b)(12)(i)(B).  
 Date account established: \_\_\_\_\_ Location of account:  
 Address:  
 City, State, Zip: \_\_\_\_\_

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

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

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 1. To the best of this institution's knowledge, the terms of the loan and other information regarding this extension of the loan are accurate as stated above.  
 2. 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.  
 3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE
Title	DATE

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

(Use separate  
schedules)  
for each  
numbered line)

PAGE 9 OF 16

F01R LINE NUMBER:  
(check only one)

9  
 10

**Excluding Loans**

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**

NAME OF COMMITTEE (In Full) <b>Apartment &amp; Office Building Association of Metropolitan Washington Metro PAC Federal</b>	FEC IDENTIFICATION NUMBER <b>C: 00296542</b>
--	---

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

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶	0 + 00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	0 + 00
(c) TOTAL Independent Expenditures ..... ▶	0 + 00

Under penalty of perjury 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 in support of such candidate or authorized committee. Furthermore, these expenditures did not involve the printing of disseminator, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, the campaign committee, or their agent.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTARY PUBLIC

**SCHEDULE F (FEC Form 3X)**

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

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

PAGE 11 OF 16  
FOR LINE 25 OF FORM 3X

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

Has your committee been designated to make coordinated expenditures by a political party committee?  
 YES  NO  
 If YES, name the designating committee:  
 Full Name of Subordinate Committee  
 Mailing Address  
 City State ZIP Code

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

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

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

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

2025 RELEASE UNDER E.O. 14176

SCHEDULE H1 (FEC Form 3X)

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

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

USE ONLY ONE SECTION

A. NATIONAL PARTY COMMITTEES

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

B. HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (if checked, enter 95% in box to right)
OR
FUNDS EXPENDED:
Estimated Direct Candidate Support -- Federal
Estimated Direct Candidate Support -- Non-Federal
ADJUSTMENTS TO FUNDS EXPENDED:
Actual Direct Candidate Support -- Federal
Actual Direct Candidate Support -- Non-Federal

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

C. SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
Estimated Direct Candidate Support -- Federal
Estimated Direct Candidate Support -- Non-Federal
ADJUSTMENTS TO FUNDS EXPENDED:
Actual Direct Candidate Support -- Federal
Actual Direct Candidate Support -- Non-Federal

D. STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

Check all Offices appearing on the next General Election Ballot:

- 1. President (1 Point)
2. U.S. Senate (1 Point)
3. U.S. Congress (1 Point)
4. SUBTOTAL - Federal (ADD 1, 2, AND 3)
5. Governor (1 Point)
6. Other Statewide Office(s) (1 or 2 Points)
7. State Senate (1 Point)
8. State Representative (1 Point)
9. Local Candidates (1 or 2 Points)
10. Extra Non-Federal Point (1 Point)
11. SUBTOTAL -- Non-Federal (Add 5, 6, 7, 8, 9, and 10)
12. TOTAL POINTS (Line 4 plus Line 11)

Table with 2 columns: Office Name, NUMBER OF POINTS

FEDERAL ALLOCATION = Line 4 divided by Line 12

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

N/A

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

**ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.**

Methods of allocation:

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

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
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 % _____ %

**SCHEDULE H3 (FEC Form 3X)**

**TRANSFERS FROM NON-FEDERAL ACCOUNTS**

PAGE 14 OF 15  
FOR LINE 18 OF FORM 3X

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------	--------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

**ADMINISTRATIVE/VOTER DRIVE AMOUNT**

i) Total Administrative/Voter Drive .....

ii) Direct Fundraising  
(List Events Amount For Each)

**DIRECT FUNDRAISING AMOUNT**

- b) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) Total Amount Transferred For Direct Fundraising ..

**EXEMPT ACTIVITY/  
DIRECT CANDIDATE SUPPORT**

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**

TOTAL This Period (Administrative/Voter Drive Amount) .....	0. 00
TOTAL This Period (Direct Fundraising Amount) .....	0. 00
TOTAL This Period (Exempt Activity/Direct Candidate Support) .....	0. 00
TOTAL This Period (Total Amount Transferred) .....	0. 00

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

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

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

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

C. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City	State Zip Code	<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:	Category/Type	Event Year-To-Date	
Description:		Date	
FEDERAL SHARE		+	NON-FEDERAL SHARE
0.00		=	0.00
			TOTAL AMOUNT
			0.00

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



SCHEDULE I (FEC Form 3X)

AGGREGATION PAGE

NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)

NAME OF COMMITTEE (In Full) Apartment & Office Building Association of Metropolitan Washington Metro PAC Federal		
NAME OF ACCOUNT	Coverage Period From: M M D D Y Y Y Y To: M M D D Y Y Y Y	

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

Federal Election Commission

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 5-9-02
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SEI</i>	5-21-02
PREPARER	DATE PREPARED

(6/2000)

2002年5月21日