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SECRETARY  
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## LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name Apartment & Office Building Association of Metropolitan Washington			
2. Address <input type="checkbox"/> Check if different than previously reported 1050 17th Street, NW, Suite 300			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20036			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID
Jeanne Clarke	202-296-3390	jclarke@aoba-metro.org	314
7. Client Name <input type="checkbox"/> Self N/A			6. House ID

**TYPE OF REPORT** 8. Year 2005 Midyear (January 1-June 30)  OR Year End (July 1-I

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇨ Termination Date \_\_\_\_\_

11. No Lobby

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/> 0.00</p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (near</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description:</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Signature

*Jeanne Clarke*

Printed Name and Title Jeanne CLarke - Director of Administration

LD-2 (REV. 6/98)

Department & Office Building Association of Metropolitan Washing  
Grant Name \_\_\_\_\_ Client Name N/A

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which th  
engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co  
information as requested. Attach additional page(s) as needed.

15. General issue area code None (one per page)

16. Specific lobbying issues

17. House(s) of Congress and Federal agencies contacted  Check if None

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
N/A	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature Jeanne Clarke Date 8/4/05

Printed Name and Title <sup>✓</sup> Jeanne Clarke - Director of Administration

Form LD-2 (Rev. 6/98)

Page

Apartment & Office Building Association of Metropolitan Wa  
 Registrant Name \_\_\_\_\_ Client Name N/A

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

n/A

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

N/A

Name	Address	Principal Place of (city and state or

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
n/a			

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the regist affiliated organization

Signature Jeanne Clarke Date 8-4-05

Printed Name and Title Jeanne Clarke - Director of Administration

Form LD-2 (Rev. 6/98)

Page