

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
ARMENIAN AMERICAN PAC (ARMENPAC)

ADDRESS (number and street) 421 E AIRPORT FREEWAY  
 Check if different than previously reported. (ACC)  
IRVING TX 75206

2. **FEC IDENTIFICATION NUMBER** C00352054  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly 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)  
 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 (12G)  
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 07 01 2006 through 09 30 2006

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 Dr. Sarkis J. Kechejian

Signature of Treasurer Electronically Filed by Dr. Sarkis J. Kechejian Date 10 14 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
ARMENIAN AMERICAN PAC (ARMENPAC)

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		92053.18
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	111267.78									
(c) Total Receipts (from Line 19) .....	6525.00	50406.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	117792.78	142459.75								
7. Total Disbursements (from Line 31) .....	65403.38	90070.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	52389.40	52389.40								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	1700.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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  
ARMENIAN AMERICAN PAC (ARMENPAC)

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	6250.00	48550.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	275.00	1855.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	6525.00	50405.00
(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 33, page 5) .....	6525.00	50405.00
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 37, page 5) .....	0.00	1.57
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	6525.00	50406.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6525.00	50406.57

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(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.....	0.00	12769.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	12769.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45500.00	46573.85
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(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
29. Other Disbursements.....	19903.38	30727.15
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	65403.38	90070.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	65403.38	90070.35

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	6525.00	50405.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6525.00	50405.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	12769.35
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	1.57
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	12767.78

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. H. O. Doumanian		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006
Mailing Address 6451 Arthur Street		Transaction ID: SA11A1.7349
City State Zip Code Merrillville IN 46410	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self employed	Occupation Physician	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Jirair Hovnanian		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006
Mailing Address 4290 Church Road		Transaction ID: SA11A1.7350
City State Zip Code Mount Laurel NJ 08054	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer J.S. Hovnanian & Sons In-c.	Occupation Builder	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Peter Kezirian, Jr.		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006
Mailing Address 300 S Allen Ave		Transaction ID: SA11A1.7352
City State Zip Code Pasadena CA 91106	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CAP-MPT	Occupation VP	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 39	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

**A.** Full Name (Last, First, Middle Initial)  
Mr. Armen Shahinian

Mailing Address 277 Crest Place

City State Zip Code  
Franklin Lakes NJ 07417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wolff & Samson PC Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	0	6

Transaction ID: SA11A1.7353

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	6250.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. ALLYSON SCHWARTZ FOR CONGRESS</b>		<b>Transaction ID: SB23.7443</b> Date of Disbursement
Mailing Address P.O. Box 45706		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City Philadelphia	State PA	Zip Code 19149
Purpose of Disbursement House Candidate Contribution		Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ANDREWS FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.7386</b> Date of Disbursement
Mailing Address 215 Fourth Avenue SUITE 200		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City Haddon Heights	State NJ	Zip Code 08035
Purpose of Disbursement House Candidate Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 01		

Full Name (Last, First, Middle Initial) <b>C. BASS VICTORY COMMITTEE</b>		<b>Transaction ID: SB23.7399</b> Date of Disbursement
Mailing Address PO Box 3451 PO Box 3451		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Concord	State NH	Zip Code 03302
Purpose of Disbursement House Candidate Contribution		Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# 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"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. BEN CARDIN FOR CONGRESS</b>		<b>Transaction ID: SB23.7373</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO BOX 21093 100 E. Pratt Street 26th Floor		Amount of Each Disbursement this Period 1500.00
City Catonsville State MD Zip Code 21228	Purpose of Disbursement Senate Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. BEN CARDIN FOR CONGRESS</b>		<b>Transaction ID: SB23.7374</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO BOX 21093 100 E. Pratt Street 26th Floor		Amount of Each Disbursement this Period 500.00
City Catonsville State MD Zip Code 21228	Purpose of Disbursement Senate Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. CHAFEE FOR SENATE</b>		<b>Transaction ID: SB23.7427</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO BOX 7329		Amount of Each Disbursement this Period 1000.00
City WARWICK State RI Zip Code 02887	Purpose of Disbursement Senate Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. CHET EDWARDS FOR CONGRESS</b>		<b>Transaction ID: SB23.7385</b> Date of Disbursement
Mailing Address PO Box 23273		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City WACO	State TX	Zip Code 76702
Purpose of Disbursement House Candidate Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER SHAYS FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.7379</b> Date of Disbursement
Mailing Address 98 East Avenue Rear Building 98 East Avenue Rear Building		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Norwalk	State CT	Zip Code 06851
Purpose of Disbursement House Candidate Contribution		Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. CROWLEY FOR CONGRESS</b>		<b>Transaction ID: SB23.7411</b> Date of Disbursement
Mailing Address 84-56 GRAND AVENUE		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City ELMHURST	State NY	Zip Code 11373
Purpose of Disbursement House Candidate Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 07	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. DON PAYNE FOR CONGRESS</b>		Transaction ID: SB23.7381 Date of Disbursement 09 / 27 / 2006
Mailing Address P.O. Box 2406 P.O. Box 2406		Amount of Each Disbursement this Period 500.00
City Newark State NJ Zip Code 07114	Purpose of Disbursement House Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. FITZPATRICK FOR CONGRESS</b>		Transaction ID: SB23.7448 Date of Disbursement 09 / 27 / 2006
Mailing Address 115 N Broad Street		Amount of Each Disbursement this Period 500.00
City Doylestown State PA Zip Code 18901	Purpose of Disbursement House Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. FRIENDS FOR HARRY REID</b>		Transaction ID: SB23.7376 Date of Disbursement 09 / 27 / 2006
Mailing Address PO BOX 19163		Amount of Each Disbursement this Period 1500.00
City LAS VEGAS State NV Zip Code 89132	Purpose of Disbursement Senate Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF CLAY SHAW</b>		<b>Transaction ID: SB23.7363</b> Date of Disbursement 09 / 27 / 2006
Mailing Address P.O. Box 2188 2600 NE 14th. Street Causeway		Amount of Each Disbursement this Period 1000.00
City Fort Lauderdale State FL Zip Code 33303	Purpose of Disbursement House Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF DICK DURBIN COMMITTEE</b>		<b>Transaction ID: SB23.7367</b> Date of Disbursement 09 / 27 / 2006
Mailing Address PO BOX 1949		Amount of Each Disbursement this Period 1500.00
City SPRINGFIELD State IL Zip Code 62705	Purpose of Disbursement Senate Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF GEORGE ALLEN</b>		<b>Transaction ID: SB23.7417</b> Date of Disbursement 09 / 27 / 2006
Mailing Address PO BOX 6859		Amount of Each Disbursement this Period 1500.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement Senate Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JIM MCDERMOTT</b>		<b>Transaction ID: SB23.7383</b> Date of Disbursement
Mailing Address 710 9TH STREET SE		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement House Candidate Contribution	<input type="text" value="500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 7		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF MIKE FERGUSON</b>		<b>Transaction ID: SB23.7426</b> Date of Disbursement
Mailing Address c/o Ron Gravino P.O. Box 225		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Colonia	State NJ	Zip Code 07067
Purpose of Disbursement House Candidate Contribution	<input type="text" value="500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF PATRICK J. KENNEDY INC.</b>		<b>Transaction ID: SB23.7404</b> Date of Disbursement
Mailing Address P.O. Box 321		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Pawtucket	State RI	Zip Code 02860
Purpose of Disbursement Senate Candidate Contribution	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF ROSA DELAURO</b>		<b>Transaction ID: SB23.7382</b> Date of Disbursement
Mailing Address 49 HUNTINGTON STREET		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City NEW HAVEN	State CT	Zip Code 06511
Purpose of Disbursement House Candidate Contribution	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 03	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF SHERROD BROWN</b>		<b>Transaction ID: SB23.7391</b> Date of Disbursement
Mailing Address 2280 KRESGE DRIVE Suite 800		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City AMHERST	State OH	Zip Code 44001
Purpose of Disbursement Senate Candidate Contribution	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. GUTKNECHT FOR U.S. CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.7395</b> Date of Disbursement
Mailing Address P.O. Box 6428		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Rochester	State MN	Zip Code 55903
Purpose of Disbursement House Candidate Contribution	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. HERSETH FOR CONGRESS</b>		<b>Transaction ID: SB23.7431</b> Date of Disbursement 09 / 26 / 2006
Mailing Address PO Box 2009		Amount of Each Disbursement this Period 500.00
City Sioux Falls State SD Zip Code 57101	Category/ Type	
Purpose of Disbursement House Candidate Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. HOOLEY FOR CONGRESS</b>		<b>Transaction ID: SB23.7402</b> Date of Disbursement 09 / 27 / 2006
Mailing Address PO BOX 2050		Amount of Each Disbursement this Period 500.00
City SALEM State OR Zip Code 97308	Category/ Type	
Purpose of Disbursement House Candidate Contribution Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 05		

Full Name (Last, First, Middle Initial) <b>C. JEB BRADLEY FOR CONGRESS</b>		<b>Transaction ID: SB23.7433</b> Date of Disbursement 09 / 27 / 2006
Mailing Address 645 South Main Street		Amount of Each Disbursement this Period 500.00
City Wolfeboro State NH Zip Code 03894	Category/ Type	
Purpose of Disbursement House Candidate Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. JERRY WELLER FOR CONGRESS INC.</b>		<b>Transaction ID: SB23.7420</b> Date of Disbursement
Mailing Address P.O. Box 2368		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Joliet	State IL	Zip Code 60434
Purpose of Disbursement House Candidate Contribution		<input type="text" value="500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JIM GERLACH FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.7434</b> Date of Disbursement
Mailing Address PO Box 87		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Uwchland	State PA	Zip Code 19480
Purpose of Disbursement House Candidate Contribution		<input type="text" value="500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JOHN SARBANES FOR CONGRESS</b>		<b>Transaction ID: SB23.7466</b> Date of Disbursement
Mailing Address PO BOX 6854		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City TOWSON	State MD	Zip Code 21285
Purpose of Disbursement House Candidate Contribution		<input type="text" value="1500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**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"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. JOHNSON FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.7365</b> Date of Disbursement
Mailing Address P. O. Box 1986		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City New Britain	State CT	Zip Code 06050
Purpose of Disbursement House Candidate Contribution	<input type="text" value="500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KENNY MARCHANT FOR CONGRESS</b>		<b>Transaction ID: SB23.7445</b> Date of Disbursement
Mailing Address PO BOX 110187		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City CARROLLTON	State TX	Zip Code 75011
Purpose of Disbursement House Candidate Contribution	<input type="text" value="500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. KIRK FOR CONGRESS</b>		<b>Transaction ID: SB23.7418</b> Date of Disbursement
Mailing Address P.O. Box 8		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Winnetka	State IL	Zip Code 60093
Purpose of Disbursement House Candidate Contribution	<input type="text" value="500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 10		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. KNOLLENBERG FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.7392</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 31000 Telegraph Road #110		Amount of Each Disbursement this Period 1500.00
City Bingham Farms State MI Zip Code 48025	Category/ Type	
Purpose of Disbursement House Candidate Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. LOBIONDO FOR CONGRESS</b>		<b>Transaction ID: SB23.7393</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address PO BOX 775		Amount of Each Disbursement this Period 1000.00
City MARMORA State NJ Zip Code 08223	Category/ Type	
Purpose of Disbursement House Candidate Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MARK UDALL FOR CONGRESS INC.</b>		<b>Transaction ID: SB23.7408</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 8690 Wolff Court #200 8690 Wolff Court #200		Amount of Each Disbursement this Period 500.00
City Westminster State CO Zip Code 80031	Category/ Type	
Purpose of Disbursement House Candidate Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. MCCONNELL SENATE COMMITTEE '08</b>		<b>Transaction ID: SB23.7369</b> Date of Disbursement
Mailing Address PO BOX 1496		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City LOUISVILLE	State KY	Zip Code 40201
Purpose of Disbursement Senate Candidate Contribution		<input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District:	

Full Name (Last, First, Middle Initial) <b>B. MCCONNELL SENATE COMMITTEE '08</b>		<b>Transaction ID: SB23.7370</b> Date of Disbursement
Mailing Address PO BOX 1496		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City LOUISVILLE	State KY	Zip Code 40201
Purpose of Disbursement Senate Candidate Contribution		<input type="text" value="1500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District:	

Full Name (Last, First, Middle Initial) <b>C. MENENDEZ FOR SENATE</b>		<b>Transaction ID: SB23.7388</b> Date of Disbursement
Mailing Address P.O. Box 848		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Union City	State NJ	Zip Code 07087
Purpose of Disbursement Senate Candidate Contribution		<input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. MENENDEZ FOR SENATE</b>		<b>Transaction ID: SB23.7389</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 848		Amount of Each Disbursement this Period 1500.00
City Union City State NJ Zip Code 07087	Category/ Type	
Purpose of Disbursement Senate Candidate Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MOORE FOR CONGRESS</b>		<b>Transaction ID: SB23.7406</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO BOX 14631		Amount of Each Disbursement this Period 500.00
City Shawnee Mission State KS Zip Code 66285	Category/ Type	
Purpose of Disbursement House Candidate Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. OBEY, DAVID R</b>		<b>Transaction ID: SB23.7486</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 1212 Grand Ave #32		Amount of Each Disbursement this Period 1000.00
City Wausau State WI Zip Code 54403	Category/ Type	
Purpose of Disbursement House Candidate Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 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)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. PETE STARK RE-ELECTION COMMITTEE</b>		<b>Transaction ID: SB23.7361</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address P.O. Box 8331		Amount of Each Disbursement this Period 500.00
City Fremont State CA Zip Code 94537	Purpose of Disbursement House Candidate Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PORTER FOR CONGRESS</b>		<b>Transaction ID: SB23.7430</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address PO Box 26087		Amount of Each Disbursement this Period 500.00
City Las Vegas State NV Zip Code 89126	Purpose of Disbursement House Candidate Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RUSH HOLT FOR CONGRESS</b>		<b>Transaction ID: SB23.7401</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address PO Box 782		Amount of Each Disbursement this Period 500.00
City Pennington State NJ Zip Code 08534	Purpose of Disbursement House Candidate Contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ District: 12		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. SANTORUM 2006</b>		<b>Transaction ID: SB23.7421</b> Date of Disbursement 09 / 27 / 2006
Mailing Address ONE TOWER BRIDGE SUITE 1440		Amount of Each Disbursement this Period 500.00
City WEST CONSHOHOCKEN State PA Zip Code 19428	Purpose of Disbursement Senate Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. SANTORUM 2006</b>		<b>Transaction ID: SB23.7422</b> Date of Disbursement 09 / 27 / 2006
Mailing Address ONE TOWER BRIDGE SUITE 1440		Amount of Each Disbursement this Period 1500.00
City WEST CONSHOHOCKEN State PA Zip Code 19428	Purpose of Disbursement Senate Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Sherman for Congress</b>		<b>Transaction ID: SB23.7400</b> Date of Disbursement 07 / 24 / 2006
Mailing Address 555 SOUTH FLOWER STREET SUITE 4510		Amount of Each Disbursement this Period 1000.00
City LOS ANGELES State CA Zip Code 90071	Purpose of Disbursement House Candidate Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. SIMMONS FOR CONGRESS</b>		<b>Transaction ID: SB23.7412</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 268 Drawer 271 P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 500.00
City Stonington State CT Zip Code 06378	Category/ Type	
Purpose of Disbursement House Candidate Contribution Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. SIMMONS FOR CONGRESS</b>		<b>Transaction ID: SB23.7413</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 268 Drawer 271 P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 500.00
City Stonington State CT Zip Code 06378	Category/ Type	
Purpose of Disbursement House Candidate Contribution Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. SIRES FOR CONGRESS</b>		<b>Transaction ID: SB23.7464</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 6050 BOULEVARD EAST APT 6B		Amount of Each Disbursement this Period 500.00
City WEST NEW YORK State NJ Zip Code 07093	Category/ Type	
Purpose of Disbursement House Candidate Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. STABENOW FOR US SENATE</b>		<b>Transaction ID: SB23.7415</b> Date of Disbursement 09 / 27 / 2006
Mailing Address PO BOX 4945		Amount of Each Disbursement this Period 1000.00
City EAST LANSING	State MI Zip Code 48826	
Purpose of Disbursement Senate Candidate Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SUE KELLY FOR CONGRESS</b>		<b>Transaction ID: SB23.7398</b> Date of Disbursement 09 / 27 / 2006
Mailing Address PO Box 599		Amount of Each Disbursement this Period 500.00
City Katonah	State NY Zip Code 10536	
Purpose of Disbursement House Candidate Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SWEENEY FOR CONGRESS INC</b>		<b>Transaction ID: SB23.7410</b> Date of Disbursement 09 / 27 / 2006
Mailing Address Post Office Box 1465		Amount of Each Disbursement this Period 1000.00
City Clifton Park	State NY Zip Code 12065	
Purpose of Disbursement House Candidate Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. VAN HOLLEN FOR CONGRESS</b>		<b>Transaction ID: SB23.7424</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 1000.00
City Kenington State MD Zip Code 20895	Purpose of Disbursement House Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. WASHINGTON SENATE VICTORY</b>		<b>Transaction ID: SB23.7468</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 120 MARYLAND AVENUE NE		Amount of Each Disbursement this Period 1500.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement Senate Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. WELDON VICTORY COMMITTEE</b>		<b>Transaction ID: SB23.7368</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P. O. Box 1992		Amount of Each Disbursement this Period 500.00
City Media State PA Zip Code 19063	Purpose of Disbursement House Candidate Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	45500.00

**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)

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<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"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. Zarema Arutyunova</b>		Transaction ID: SB29.7495 Date of Disbursement MM / DD / YYYY 07 / 10 / 2006	
Mailing Address 4450 S. Park Avenue		Amount of Each Disbursement this Period 200.00	
City Chevy Chase State MD Zip Code 20815	Purpose of Disbursement consulting services	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other		

Full Name (Last, First, Middle Initial) <b>B. Zarema Arutyunova</b>		Transaction ID: SB29.7496 Date of Disbursement MM / DD / YYYY 07 / 24 / 2006	
Mailing Address 4450 S. Park Avenue		Amount of Each Disbursement this Period 100.00	
City Chevy Chase State MD Zip Code 20815	Purpose of Disbursement consulting services	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other		

Full Name (Last, First, Middle Initial) <b>C. Mr. Michael Beranek</b>		Transaction ID: SB29.7499 Date of Disbursement MM / DD / YYYY 08 / 10 / 2006	
Mailing Address 540 Natali St		Amount of Each Disbursement this Period 340.00	
City Austin State TX Zip Code 78748	Purpose of Disbursement software	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	640.00
<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)

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<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"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. Jason Parris Capizzi, Esq.</b>		<b>Transaction ID: SB29.7501</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 638.37
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Jason Parris Capizzi, Esq.</b>		<b>Transaction ID: SB29.7506</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 2083.33
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Jason Parris Capizzi, Esq.</b>		<b>Transaction ID: SB29.7504</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 193.75
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2915.45
<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)

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<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"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. Jason Parris Capizzi, Esq.</b>		<b>Transaction ID: SB29.7508</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 779.78
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Jason Parris Capizzi, Esq.</b>		<b>Transaction ID: SB29.7510</b> Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 2083.33
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Jason Parris Capizzi, Esq.</b>		<b>Transaction ID: SB29.7512</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 276.63
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3139.74</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# 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)

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<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"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. Jason Parris Capizzi, Esq.</b>		<b>Transaction ID: SB29.7515</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6	
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 2083.33	
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other		

Full Name (Last, First, Middle Initial) <b>B. CS MEDIA ENT. D/B/A ARMENIAN REPORTER</b>		<b>Transaction ID: SB29.7516</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6	
Mailing Address Post Office Box 129		Amount of Each Disbursement this Period 240.00	
City Paramus State NJ Zip Code 07653	Purpose of Disbursement public relations Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other		

Full Name (Last, First, Middle Initial) <b>C. Edgar Hagopian</b>		<b>Transaction ID: SB29.7518</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 850 S. Old Woodward		Amount of Each Disbursement this Period 1040.08	
City Birmingham State MI Zip Code 48009	Purpose of Disbursement Administration/Consulting Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3363.41</b>
<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)

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<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"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. JPS MARKETING COMMUNICATIONS</b>		<b>Transaction ID: SB29.7520</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 45525 GRAND RIVER AVE.		Amount of Each Disbursement this Period 3661.77
City NOVI State MI Zip Code 48374	Purpose of Disbursement office expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	

Full Name (Last, First, Middle Initial) <b>B. JPS MARKETING COMMUNICATIONS</b>		<b>Transaction ID: SB29.7522</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 45525 GRAND RIVER AVE.		Amount of Each Disbursement this Period 3000.00
City NOVI State MI Zip Code 48374	Purpose of Disbursement office expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	

Full Name (Last, First, Middle Initial) <b>C. LABEL &amp; LISTS INC.</b>		<b>Transaction ID: SB29.7524</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 2500-116TH AVENUE NE		Amount of Each Disbursement this Period 543.58
City BELLEVUE State WA Zip Code 98004	Purpose of Disbursement office expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7205.35
<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)

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<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"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. LABEL &amp; LISTS INC.</b>		<b>Transaction ID: SB29.7526</b> Date of Disbursement																					
Mailing Address 2500-116TH AVENUE NE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	1		2	0	0	6														
City BELLEVUE	State WA	Zip Code 98004	Amount of Each Disbursement this Period																				
Purpose of Disbursement office expenses		Category/ Type	274.89																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other																						
State: District:																							

Full Name (Last, First, Middle Initial) <b>B. LABEL &amp; LISTS INC.</b>		<b>Transaction ID: SB29.7528</b> Date of Disbursement																					
Mailing Address 2500-116TH AVENUE NE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	6		2	0	0	6														
City BELLEVUE	State WA	Zip Code 98004	Amount of Each Disbursement this Period																				
Purpose of Disbursement office expenses		Category/ Type	395.10																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other																						
State: District:																							

Full Name (Last, First, Middle Initial) <b>C. ALICE NAJARIAN</b>		<b>Transaction ID: SB29.7530</b> Date of Disbursement																					
Mailing Address 89 Rutgers Place		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	7		2	0	0	6														
City River Edge	State NJ	Zip Code 07661	Amount of Each Disbursement this Period																				
Purpose of Disbursement Administration/Consulting		Category/ Type	60.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other																						
State: District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>729.99</b>
<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)

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<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"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. Shovi Webb Designs</b>		<b>Transaction ID: SB29.7546</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 259.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement computer consulting	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	

Full Name (Last, First, Middle Initial) <b>B. Shovi Webb Designs</b>		<b>Transaction ID: SB29.7548</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 199.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement computer consulting	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	

Full Name (Last, First, Middle Initial) <b>C. Shovi Webb Designs</b>		<b>Transaction ID: SB29.7550</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 199.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement computer consulting	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	657.00
<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)

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<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"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. Shovi Webb Designs</b>		Transaction ID: SB29.7552 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 199.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement computer consulting	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	

Full Name (Last, First, Middle Initial) <b>B. JO-ANN TASHJIAN</b>		Transaction ID: SB29.7532 Date of Disbursement MM / DD / YYYY 07 / 17 / 2006
Mailing Address 181 Reservoir Avenue		Amount of Each Disbursement this Period 260.00
City River Edge State NJ Zip Code 07661	Purpose of Disbursement Administration/Consulting	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	

Full Name (Last, First, Middle Initial) <b>C. JO-ANN TASHJIAN</b>		Transaction ID: SB29.7534 Date of Disbursement MM / DD / YYYY 09 / 05 / 2006
Mailing Address 181 Reservoir Avenue		Amount of Each Disbursement this Period 180.00
City River Edge State NJ Zip Code 07661	Purpose of Disbursement Administration/Consulting	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	639.00
<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)

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<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"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) <b>A. ROXANNE TASHJIAN</b>		Transaction ID: SB29.7536 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 181 Reservoir Avenue		Amount of Each Disbursement this Period 100.00
City River Edge State NJ Zip Code 07661	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. ROXANNE TASHJIAN</b>		Transaction ID: SB29.7538 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 181 Reservoir Avenue		Amount of Each Disbursement this Period 100.00
City River Edge State NJ Zip Code 07661	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. ROXANNE TASHJIAN</b>		Transaction ID: SB29.7540 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 181 Reservoir Avenue		Amount of Each Disbursement this Period 150.00
City River Edge State NJ Zip Code 07661	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	350.00
<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 35 / 39

<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"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial)  
**A. THE CONFERENCE GROUP**

Mailing Address 254 CHAPMAN ROAD  
TOPKIS BUILDING SUITE 200

City NEWARK State DE Zip Code 19702

Purpose of Disbursement  
office expenses

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

other

Transaction ID: SB29.7542

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

40.44

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

Mailing Address POST OFFICE BOX 1339

City GLENDALE State CA Zip Code 91209

Purpose of Disbursement  
public relations

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

other

Transaction ID: SB29.7544

Date of Disbursement

09 / 05 / 2006

Amount of Each Disbursement this Period

108.00

**SUBTOTAL** of Disbursements This Page (optional) .....

148.44

**TOTAL** This Period (last page this line number only) .....

19788.38

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 36 / 39	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose): re-pay of ARMENPAC overpayment
Mailing Address 1316 Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	<b>Transaction ID:</b> SD9.6021	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	Nature of Debt (Purpose): re-pay from 7/26/02 \$3500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period <input type="text" value="300.00"/>	<b>Transaction ID:</b> SD9.5944	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="300.00"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	Nature of Debt (Purpose): Repay of 7/26/02 \$3500 overpayment.
Mailing Address 1316 N. Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	<b>Transaction ID:</b> SD9.6072	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="700.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
 ARMENIAN AMERICAN PAC (ARMENPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	Nature of Debt (Purpose): re-pay of 7/26/02 \$3500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period 100.00	<b>Transaction ID:</b> SD9.6542	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	Nature of Debt (Purpose): re-pay of 7/26/02 \$3500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period 100.00	<b>Transaction ID:</b> SD9.6543	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	Nature of Debt (Purpose): re-pay of 7/26/02 \$3500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period 100.00	<b>Transaction ID:</b> SD9.6544	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	300.00
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 38 / 39	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
ARMENIAN AMERICAN PAC (ARMENPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	Nature of Debt (Purpose): re-pay of 7/26/04 \$3500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	<b>Transaction ID: SD9.6582</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	Nature of Debt (Purpose): repay of 7/26/02 \$3,500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: SD9.7554</b>	
Amount Incurred This Period <input type="text" value="600.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="600.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="700.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text" value="1700.00"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**Image# 26940423123**

Form/Schedule: **SD9** re-pay of 7/26/02 \$3500 overpayment.

Transaction ID: **SD9.6021**

Form/Schedule: **SD9** ARMENPAC paid Mida \$3500 on 7/26/2002. However, the services were not rendered and thus Mida is repaying ARMEN-  
Transaction ID: **SD9.5944** PAC. This 12/31/03 payment of debt represents the first installment.

\*\*\*\*\*