

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 01 01 2007 through 06 30 2007

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 Kechejian

Signature of Treasurer Electronically Filed by Dr. Sarkis Kechejian Date 01 17 2008

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
ARMENIAN AMERICAN PAC (ARMENPAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		36072.71
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	36072.71									
(c) Total Receipts (from Line 19)	30124.00	30124.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	66196.71	66196.71								
7. Total Disbursements (from Line 31)	28332.31	28332.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37864.40	37864.40								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	1900.00									
10. Debts and Obligations owed BY 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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	28299.00	28299.00
(i) Itemized (use Schedule A)	1825.00	1825.00
(ii) Unitemized	30124.00	30124.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30124.00	30124.00
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	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))	30124.00	30124.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30124.00	30124.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	23832.31	23832.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	23832.31	23832.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	4500.00
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.....	0.00	0.00
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))..	28332.31	28332.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28332.31	28332.31

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)	30124.00	30124.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30124.00	30124.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	23832.31	23832.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	23832.31	23832.31

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

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

FOR LINE NUMBER: PAGE 6 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Aram Adourian

Mailing Address 11 Bartkus Farm Road

City State Zip Code
Concord MA 01742

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

Name of Employer Occupation
Beyond Genomics Inc. Scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2007

Transaction ID: SA11AI.7762

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Hirant Candan

Mailing Address 88-30 51st Avenue

City State Zip Code
Flushing NY 11373

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

Name of Employer Occupation
Armco Mgmt. Co. Real Estate Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2007

Transaction ID: SA11AI.7764

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Honorable George Deukmejian

Mailing Address 5366 East Broadway

City State Zip Code
Long Beach CA 90803

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2007

Transaction ID: SA11AI.7768

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Edgar Hagopian

Mailing Address 850 S. Old Woodward

City Birmingham State MI Zip Code 48009

FEC ID number of contributing federal political committee. C

Name of Employer Hagopian House of Rugs Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
03 / 20 / 2007

Transaction ID: SA11AI.7769

Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
Cecchi E. James

Mailing Address 8 Rensselaer Road

City Essex Fells State NJ Zip Code 07021

FEC ID number of contributing federal political committee. C

Name of Employer Carella, Byrne Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
01 / 18 / 2007

Transaction ID: SA11AI.7766

Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Dr. Sarkis Kechejian

Mailing Address 421 E. Airport Freeway Suite 201

City Irving State TX Zip Code 75062

FEC ID number of contributing federal political committee. C

Name of Employer K Clinic Associated Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
02 / 05 / 2007

Transaction ID: SA11AI.7770

Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) 15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 29
(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"/> 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. Peter Kezirian, Jr.
Mailing Address 300 S Allen Ave
City Pasadena State CA Zip Code 91106
FEC ID number of contributing federal political committee. **C**
Name of Employer CAP-MPT Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 01 / 2007
Transaction ID: SA11AI.7771
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mr. & Mrs. Leon Kircik
Mailing Address 7202 Hunters Run Dr.
City Louisville State KY Zip Code 40059
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 01 / 23 / 2007
Transaction ID: SA11AI.7772
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Barbara Peters
Mailing Address 22 Hillcrest Drive
City Great Neck State NY Zip Code 11021
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Homemaker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 499.00
Date of Receipt 03 / 28 / 2007
Transaction ID: SA11AI.7773
Amount of Each Receipt this Period 499.00

SUBTOTAL of Receipts This Page (optional) ► 5749.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. David Sahagian

Mailing Address 49 Hunting Rd.

City State Zip Code
Needham MA 02494

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 23 / 2007

Transaction ID: SA11AI.7775

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Daniel Sahakian

Mailing Address P.O. Box 649

City State Zip Code
State College PA 16804

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 22 / 2007

Transaction ID: SA11AI.7776

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Annie Totah

Mailing Address 11500 Highland Farm Road

City State Zip Code
Potomac MD 20854

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01 / 23 / 2007

Transaction ID: SA11AI.7777

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) 5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 29

(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"/> 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. Harutun Vaporciyan

Mailing Address 25507 Hereford

City State Zip Code
Huntington Woods MI 48070

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.7778

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Kirakos Vapurciyan

Mailing Address 2679 Sunnyknoll

City State Zip Code
Berkley MI 48072

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.7779

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

28299.00

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

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

A.	Full Name (Last, First, Middle Initial) Armenian Assembly of America	Transaction ID: SB21B.7731 Date of Disbursement
	Mailing Address 1140 19th Street Suite 600	<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Commemoration Event Expenses	<input type="text" value="602.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

B.	Full Name (Last, First, Middle Initial) Mr. Michael Beranek	Transaction ID: SB21B.7732 Date of Disbursement
	Mailing Address 540 Natali St	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2007"/>
	City Austin State TX Zip Code 78748	Amount of Each Disbursement this Period
	Purpose of Disbursement wages, fec report data analysis services	<input type="text" value="255.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

C.	Full Name (Last, First, Middle Initial) Mr. Michael Beranek	Transaction ID: SB21B.7733 Date of Disbursement
	Mailing Address 540 Natali St	<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City Austin State TX Zip Code 78748	Amount of Each Disbursement this Period
	Purpose of Disbursement wages, fec report data analysis services	<input type="text" value="382.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1239.60"/>
TOTAL 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq. Mailing Address 219 Virginia Avenue City New Milford State NJ Zip Code 07646 Purpose of Disbursement reimbursable expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21B.7734 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7	Amount of Each Disbursement this Period 477.78
B.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq. Mailing Address 219 Virginia Avenue City New Milford State NJ Zip Code 07646 Purpose of Disbursement wages and reimbursable expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21B.7735 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7	Amount of Each Disbursement this Period 2916.67
C.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq. Mailing Address 219 Virginia Avenue City New Milford State NJ Zip Code 07646 Purpose of Disbursement wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21B.7736 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	Amount of Each Disbursement this Period 1458.34

SUBTOTAL of Disbursements This Page (optional)	4852.79
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq. <hr/> Mailing Address 219 Virginia Avenue <hr/> City New Milford State NJ Zip Code 07646 <hr/> Purpose of Disbursement reimbursable expenses Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21B.7737 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 650.73
B.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq. <hr/> Mailing Address 219 Virginia Avenue <hr/> City New Milford State NJ Zip Code 07646 <hr/> Purpose of Disbursement wages Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21B.7738 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 1458.34
C.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq. <hr/> Mailing Address 219 Virginia Avenue <hr/> City New Milford State NJ Zip Code 07646 <hr/> Purpose of Disbursement wages Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21B.7739 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 1458.34

SUBTOTAL of Disbursements This Page (optional)	3567.41
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" 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 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)

<p>A. Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p> <p>Mailing Address 219 Virginia Avenue</p> <p>City New Milford State NJ Zip Code 07646</p> <p>Purpose of Disbursement reimbursable expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Other</p>	<p>Transaction ID: SB21B.7740</p> <p>Date of Disbursement 03 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 188.29</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p> <p>Mailing Address 219 Virginia Avenue</p> <p>City New Milford State NJ Zip Code 07646</p> <p>Purpose of Disbursement wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Other</p>	<p>Transaction ID: SB21B.7741</p> <p>Date of Disbursement 03 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 1458.34</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p> <p>Mailing Address 219 Virginia Avenue</p> <p>City New Milford State NJ Zip Code 07646</p> <p>Purpose of Disbursement reimbursable expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Other</p>	<p>Transaction ID: SB21B.7742</p> <p>Date of Disbursement 03 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 321.78</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1968.41

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jason Parris Capizzi, Esq.

Transaction ID: SB21B.7743

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	0	7

Mailing Address 219 Virginia Avenue

Amount of Each Disbursement this Period

1458.34

City State Zip Code
New Milford NJ 07646

Purpose of Disbursement
wages

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: District:

Other

B.

Full Name (Last, First, Middle Initial)
Jason Parris Capizzi, Esq.

Transaction ID: SB21B.7744

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	7

Mailing Address 219 Virginia Avenue

Amount of Each Disbursement this Period

1458.34

City State Zip Code
New Milford NJ 07646

Purpose of Disbursement
wages

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: District:

Other

C.

Full Name (Last, First, Middle Initial)
Jason Parris Capizzi, Esq.

Transaction ID: SB21B.7745

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	7

Mailing Address 219 Virginia Avenue

Amount of Each Disbursement this Period

207.93

City State Zip Code
New Milford NJ 07646

Purpose of Disbursement
reimbursable expenses

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: District:

Other

SUBTOTAL of Disbursements This Page (optional)

3124.61

TOTAL This Period (last page this line number only)

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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 16 / 29

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

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

A.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq. Mailing Address 219 Virginia Avenue City New Milford State NJ Zip Code 07646 Purpose of Disbursement wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21B.7746 Date of Disbursement 05 / 15 / 2007 Amount of Each Disbursement this Period 1458.34 Category/ Type
B.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq. Mailing Address 219 Virginia Avenue City New Milford State NJ Zip Code 07646 Purpose of Disbursement wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21B.7747 Date of Disbursement 05 / 31 / 2007 Amount of Each Disbursement this Period 1458.34 Category/ Type
C.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq. Mailing Address 219 Virginia Avenue City New Milford State NJ Zip Code 07646 Purpose of Disbursement reimbursable expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21B.7748 Date of Disbursement 05 / 31 / 2007 Amount of Each Disbursement this Period 928.10 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3844.78
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 29

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

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

A.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.	Transaction ID: SB21B.7749 Date of Disbursement
	Mailing Address 219 Virginia Avenue	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
	City New Milford State NJ Zip Code 07646	Amount of Each Disbursement this Period
	Purpose of Disbursement wages	<input type="text" value="1458.34"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.	Transaction ID: SB21B.7750 Date of Disbursement
	Mailing Address 219 Virginia Avenue	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City New Milford State NJ Zip Code 07646	Amount of Each Disbursement this Period
	Purpose of Disbursement wages	<input type="text" value="1458.34"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nor Gyank	Transaction ID: SB21B.7751 Date of Disbursement
	Mailing Address P.O. Box 1694	<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2007"/>
	City Glendale State CA Zip Code 92109	Amount of Each Disbursement this Period
	Purpose of Disbursement Public Relations	<input type="text" value="140.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3056.68"/>
TOTAL 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Shovi Webb Designs</p> <p>Mailing Address 738 Main Street #389</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement wages - website maintenance/development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p>Transaction ID: SB21B.7752</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 214.00</p>
<p>B. Full Name (Last, First, Middle Initial) Shovi Webb Designs</p> <p>Mailing Address 738 Main Street #389</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement wages - website maintenance/development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p>Transaction ID: SB21B.7753</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 214.00</p>
<p>C. Full Name (Last, First, Middle Initial) Shovi Webb Designs</p> <p>Mailing Address 738 Main Street #389</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement wages - website maintenance/development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p>Transaction ID: SB21B.7754</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 214.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

642.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Shovi Webb Designs</p> <p>Mailing Address 738 Main Street #389</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement wages - website maintenance/development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p>Transaction ID: SB21B.7755</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 214.00</p>
<p>B. Full Name (Last, First, Middle Initial) Shovi Webb Designs</p> <p>Mailing Address 738 Main Street #389</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement wages - website maintenance/development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p>Transaction ID: SB21B.7756</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 214.00</p>
<p>C. Full Name (Last, First, Middle Initial) Shovi Webb Designs</p> <p>Mailing Address 738 Main Street #389</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement wages - website maintenance/development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p>Transaction ID: SB21B.7757</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 214.00</p>

SUBTOTAL of Disbursements This Page (optional)	642.00
TOTAL This Period (last page this line number only)	22938.28

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 20 / 29

<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)

A.

Full Name (Last, First, Middle Initial)
JOSEPH CROWLEY

Transaction ID: SB23.7682
Date of Disbursement

Mailing Address 48-24 65TH STREET

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	0	7

City State Zip Code
WOODSIDE NY 11377

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
House Candidate Contribution
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 07
Disbursement For: 2007
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
MCCONNELL MITCH

Transaction ID: SB23.7760
Date of Disbursement

Mailing Address PO BOX 1496

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	7

City State Zip Code
LOUISVILLE KY 40201

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Senate Candidate Contribution
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 00
Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
DAVID R OBEY

Transaction ID: SB23.7684
Date of Disbursement

Mailing Address 1212 Grand Avenue #32

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	0	7

City State Zip Code
Wausau WI 54403

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
House Candidate Contribution
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 07
Disbursement For: 2007
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

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**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 21 / 29

<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)

A.

Full Name (Last, First, Middle Initial)
BRAD MR SHERMAN

Transaction ID: SB23.7689

Date of Disbursement

Mailing Address 4570 VAN NUYS BLVD. #270

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	7

City State Zip Code
SHERMAN OAKS CA 91403

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
House Candidate Contribution

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 27

Disbursement For: 2007
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

4500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 / 29
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

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

A. 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"/>	Transaction ID: 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. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	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"/>	Transaction ID: 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"/>

C. 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"/>	Transaction ID: 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"/>

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

A. 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 Royal Oak State MI ZIP Code 48067	

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	Transaction ID: SD9.6542	
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. 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 Royal Oak State MI ZIP Code 48067	

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	Transaction ID: SD9.6543	
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"/>

C. 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 Royal Oak State MI ZIP Code 48067	

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	Transaction ID: SD9.6544	
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"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="300.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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)

A. 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 Royal Oak State MI ZIP Code 48067	

Outstanding Balance Beginning This Period 100.00	Transaction ID: SD9.6582	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

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 Royal Oak State MI ZIP Code 48067	

Outstanding Balance Beginning This Period 600.00	Transaction ID: SD9.7554	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 600.00

C. 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 Royal Oak State MI ZIP Code 48067	

Outstanding Balance Beginning This Period 200.00	Transaction ID: SD9.7596	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

1) SUBTOTALS This Period This Page (optional).....	▶	900.00
2) TOTALS This Period (last page this line number only).....	▶	1900.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	1900.00

Image# 28930064152

Form/Schedule: **SB21B** reimbursable expenses include, but are not limited to, travel (plane, train, taxi), meals during travel, hotel expenses, telephone and fax lines, cell phone, stamps for correspondence on behalf of pac (not a candidate),
Transaction ID: **SB21B.7734** printer paper and toner.

Form/Schedule: **SB21B** reimbursable expenses include, but are not limited to, travel (plane, train, taxi), meals during travel, hotel expenses, telephone and fax lines, cell phone, stamps for correspondence on behalf of pac (not a candidate),
Transaction ID: **SB21B.7735** printer paper and toner.

Image# 28930064153

Form/Schedule: **SB21B** reimbursable expenses include, but are not limited to, travel (plane, train, taxi), meals during travel, hotel expenses, telephone and fax lines, cell phone, stamps for correspondence on behalf of pac (not a candidate),
Transaction ID: **SB21B.7737** printer paper and toner.

Form/Schedule: **SB21B** reimbursable expenses include, but are not limited to, travel (plane, train, taxi), meals during travel, hotel expenses, telephone and fax lines, cell phone, stamps for correspondence on behalf of pac (not a candidate),
Transaction ID: **SB21B.7740** printer paper and toner.

Image# 28930064154

Form/Schedule: **SB21B** reimbursable expenses include, but are not limited to, travel (plane, train, taxi), meals during travel, hotel expenses, telephone and fax lines, cell phone, stamps for correspondence on behalf of pac (not a candidate),
Transaction ID: **SB21B.7742** printer paper and toner.

Form/Schedule: **SB21B** reimbursable expenses include, but are not limited to, travel (plane, train, taxi), meals during travel, hotel expenses, telephone and fax lines, cell phone, stamps for correspondence on behalf of pac (not a candidate),
Transaction ID: **SB21B.7745** printer paper and toner.

Image# 28930064155

Form/Schedule: **SB21B** reimbursable expenses include, but are not limited to, travel (plane, train, taxi), meals during travel, hotel
Transaction ID: **SB21B.7748** expenses, telephone and fax lines, cell phone, stamps for correspondence on behalf of pac (not a candidate),
printer paper and toner.

Form/Schedule: **SB23** On 7/30/07, \$250.00 of this contribution was redesignated for the General 2008 Election; this redesignation will
Transaction ID: **SB23.7760** be reported on the 2007 year end report.

Image# 28930064156

Form/Schedule: **SD9**
Transaction ID: **SD9.5944**

ARMENPAC paid Mida \$3500 on 7/26/2002. However, the services were not rendered and thus Mida is repaying ARMENPAC. This 12/31/03 payment of debt represents the first installment.

Form/Schedule: **SD9**
Transaction ID: **SD9.6021**

re-pay of 7/26/02 \$3500 overpayment.
