07/31/2009 13:34

Image# 29992556182

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines ARMENIAN AMERICAN PAC (ARMENPAC) 780 Sunset Terrace ADDRESS (number and street) Check if different than previously Franklin Lakes NJ 07417 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00352054 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2009 06 30 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Stephen Charles Aslanian Type or Print Name of Treasurer Electronically Filed by Stephen Charles Aslanian 07 3 1 2009 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS 2 / 17

Write or Type Committee Name ARMENIAN AMERICAN PAC (ARMENPAC)

FEC Form 3X (Rev. 02/2003)

Report Covering the Period: From:

M M M D D D 2009

To:

M M M D D D 30 2009

|            | _   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|------------|---|-------------------------|-----------------------------------|
| <b>S</b> . | (a) Cash on Hand<br>January 1 2009 Y Y Y  |                         | 18406.61                          |
|            | (b) Cash on Hand at Begining of Reporting Period  | 18406.61                |                                   |
|            | (c) Total Receipts (from Line 19)   | 13685.00                | 13685.00                          |
|            | (d) Subtotal (add lines 6(b) and  |                         |                                   |
|            | 6(c) for Column A and Lines<br>6(a) and 6(c) for Column B)                                | 32091.61                | 32091.61                          |
|            | Total Disbursements (from Line 31)  | 26304.55                | 26304.55                          |
|            | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                | 5787.06                 | 5787.06                           |
|            | Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 1900.00                 |                                   |
|            | Debts and Obligations owed 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

FEC Form 3X (Rev. 06/2004) 3 / 17

Write or Type Committee Name

ARMENIAN AMERICAN PAC (ARMENPAC)

Report Covering the Period:

From:

м м 0 1 0 1

<sup>Y</sup> 2009

та.

м м 0 6 <sup>D</sup> 30

Y Y Y Y Y 2 0 0 9

|      | I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------|--|-------------------------------|-----------------------------------|
| 1. C | contributions (other than loans) From: a) Individuals/Persons Other  |                               |                                   |
|      | Than Political Committees (i) Itemized (use Schedule A)              | 12250.00                      | 12250.00                          |
|      | (ii) Unitemized  | 1435.00                       | 1435.00                           |
|      | (iii) TOTAL (add Lines 11(a)(i) and (ii)                             | 13685.00                      | 13685.00                          |
| (t   | o) Political Party Committees  | 0.00                          | 0.00                              |
| (c   | (such as PACs)   | 0.00                          | 0.00                              |
|      | 11(a)(iii),(b) and (c)) (Carry  Totals to Line 33, page 5)           | 13685.00                      | 13685.00                          |
|      | ransfers From Affiliated/Other arty Committees                       | 0.00                          | 0.00                              |
| 3. A | Il Loans Received  | 0.00                          | 0.00                              |
|      | oan Repayments Received  | 0.00                          | 0.00                              |
| (C   | Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)             | 0.00                          | 0.00                              |
| to   | b Federal candidates and Other olitical Committees                   | 0.00                          | 0.00                              |
|      | other Federal Receipts Dividends, Interest, etc.)                    | 0.00                          | 0.00                              |
|      | ransfers from Non-Federal and Levin Funds                            |                               |                                   |
| (a   | a) Non-Federal Account (from Schedule H3)                            | 0.00                          | 0.00                              |
| (k   | b) Levin Funds (from Schedule H5)                                    | 0.00                          | 0.00                              |
| (c   | e) Total Transfer (add 18(a) and 18(b)).                             | 0.00                          | 0.00                              |
|      | otal Receipts (add Lines 11(d),<br>2, 13, 14, 15, 16, 17, and 18(c)) | 13685.00                      | 13685.00                          |
|      | otal Federal Receipts ubtract Line 18(c) from Line 19)               | 13685.00                      | 13685.00                          |

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 17

|     | II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|---|-------------------------------|-----------------------------------|
| 21. | Operating Expenditures:  (a) Shared Federal/Non-Federal                           |                               |                                   |
|     | Activity (from Schedule H4)   | 0.00                          | 0.00                              |
|     | (i) Federal Share   | 0.00                          | 0.00                              |
|     | (ii) Non-Federal Share  | 0.00                          | 0.00                              |
|     | (b) Other Federal Operating   | 12212                         |                                   |
|     | Expenditures  | 19304.55                      | 19304.55                          |
|     | (c) Total Operating Expenditures  | 10004.55                      | 10001 55                          |
| _   | (add 21(a)(i), (a)(ii) and (b))   | 19304.55                      | 19304.55                          |
| 2.  | Transfers to Affiliated/Other Party   | 0.00                          | 0.00                              |
| 3.  | Committees  | 0.00                          | 0.00                              |
|     | Federal Candidates/Committeesand Other Political Committees                       | 7000.00                       | 7000.00                           |
| 4.  | Independent Expenditure   | 700.00                        | 700.00                            |
|     | (use Schedule E)  | 0.00                          | 0.00                              |
| 5.  | Coordinated Expenditures Made by Party  |                               |                                   |
|     | Committees (2 U.S.C. 441a(d)) (use Schedule F)                                    | 0.00                          | 0.00                              |
|     |   | 0.00                          | 0.00                              |
| 6.  | Loan Repayments Made  | 0.00                          | 0.00                              |
| _   | Г   | 0.00                          | 0.00                              |
|     | Loans Made  | 0.00                          | 0.00                              |
| О.  | (a) Individuals/Persons Other   | 0.00                          | 0.00                              |
|     | 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                              |
| 9.  | Other Disbursements   | 0.00                          | 0.00                              |
| ^   | Fordered Flooring April 15 (O.H.O.O. 404(OO))                                     |                               |                                   |
| 0.  | Federal Election Activity (2 U.S.C 431(20))  (a) Shared Federal Election Activity |                               |                                   |
|     | (a) Shared Federal Election Activity (from Schedule H6)                           |                               |                                   |
|     | (i) Federal Share   | 0.00                          | 0.00                              |
|     | (i) i cuciai citai c  |                               |                                   |
|     | (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  | 0.00                          | 0.00                              |
|     | Lines 30(a)(i), 30(a)(ii) and 30(b))  | 0.00                          | 0.00                              |
| 1.  | Total Disbursements (add Lines 21(c), 22,   |                               |                                   |
|     | 23, 24, 25, 26, 27, 28(d), 29 and 30(c))  | 26304.55                      | 26304.55                          |
|     |   |                               |                                   |
| 2.  | Total Federal Disbursements   |                               |                                   |
| ۷.  |   |                               |                                   |
| ۷.  | (subtract Line 21(a)(ii) and Line 30(a)(ii)                                       | 26304.55                      | 26304.55                          |

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 17

|     | III. Net Contributions/Operating<br>Expenditures                        | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|---|-------------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3)         | 13685.00                      | 13685.00                          |
| 34. | Total Contribution Refunds<br>(from Line 28(d))                         | 0.00                          | 0.00                              |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33)    | 13685.00                      | 13685.00                          |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 19304.55                      | 19304.55                          |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00                          | 0.00                              |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36)              | 19304.55                      | 19304.55                          |

FE6AN026

# SCHEDULE A (FEC Form 3X)

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page             | FOR LINE NUMBER: PAGE 6 / 17 (check only one)  X 11a 11b 11c 12 15 16  |
|---|---|--|
| Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ARMENIAN AMERICAN PAC (ARMEI   | e name and address of any political committee                                       | son for the purpose of soliciting contributions to solicit contributions from such committee.                            |
| Full Name (Last, First, Middle Initial) Hrant Candan  Mailing Address 88-30 51st Avenue  City Elmhurst  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)                     | State Zip Code NY 11373  C  Occupation Management  Aggregate Year-to-Date   1000.00 | Date of Receipt  M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Initial) Honorable George Deukmejian Mailing Address 5366 East Broadway  City Long Beach  FEC ID number of contributing federal political committee.  Name of Employer Retired  Receipt For: Primary General Other (specify) | State Zip Code CA 90803  C  Occupation Retired  Aggregate Year-to-Date  250.00      | Date of Receipt  M M C 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) Anna Hovnanian  Mailing Address 600 Navesink River Receipt For:  Primary General Other (specify)  | State Zip Code NJ 07701  C  Occupation Homemaker  Aggregate Year-to-Date   5000.00  | Date of Receipt  M M / 20 / 2009  Transaction ID: SA11AI.4149  Amount of Each Receipt this Period  5000.00  contribution |
| SUBTOTAL of Receipts This Page (optional)   |   | 6250.00  |

Hirair Hovnanian

**Middletown** 

FEC ID number of contributing

General

General

federal political committee.

Other (specify)

FEC ID number of contributing

federal political committee.

Other (specify)

Name of Employer Hovsons, Inc.

Primary

**Bloomfield Hills** 

Name of Employer

Primary

Receipt For:

Receipt For:

John Jamian

City

City

A.

В.

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

PAGE 7/17 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 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) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 600 Navesink River Road 0.4 20 2009 State Zip Code Transaction ID: SA11AI.4146 NJ 07701 Amount of Each Receipt this Period 5000.00 C contribution Occupation President Aggregate Year-to-Date 5000.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 1862 Chipping Way 0 3 20 2009 State Zip Code Transaction ID: SA11AI.4176 MI 48302 Amount of Each Receipt this Period C 1000.00 contribution Occupation

1000.00

|   |          | C000.00  |
|---|----------|----------|
| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 6000.00  |
| TOTAL This Period (last page this line number only) | <u> </u> | 12250.00 |

Aggregate Year-to-Date

В.

C.

| SCHEDULE B (FEC Form 3X)  |                                    | arate schedule(s)               |      | OR LIN        |   |           | R:   |           |    | PA        | GE    | 8 / 1       | 7  |           |
|---|------------------------------------|---------------------------------|------|---------------|---|-----------|------|-----------|----|-----------|-------|-------------|--|-----------|
| ITEMIZED DISBURSEMENTS  |                                    | category of the<br>Summary Page | _    | 21b<br>27     | П | 22<br>28a |      | 23<br>28b |    | 24<br>28c |       | 25<br>29    |  | 26<br>30b |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name |                                    |                                 |      |               |   |           |      |           |    |           |       |             | 3  |           |
| NAME OF COMMITTEE (In Full) ARMENIAN AMERICAN PAC (ARMENPAC   | <b>S</b> )                         |                                 |      |               |   |           |      |           |    |           |       |             |  |           |
| Full Name (Last, First, Middle Initial) Jason P Capizzi   |                                    |                                 |      |               |   | Date o    |      | isburs    | em | _         |       |             | Y  |           |
| Mailing Address 24 Ave. at Port Imperial,   | Apt. 209                           |                                 |      |               |   | 0 2       | _    | 1         | 5  |           | , 2   | 0 ŏ s       | 9  |           |
| •   | State<br>NJ                        | Zip Code<br>07093               |      |               |   | Amou      | nt o | f Each    | D  | isburse   | -     |             |  | d         |
| Purpose of Disbursement wages - backpay  Candidate Name   |                                    |                                 |      | egory/        |   |           |      | •         |    |           | 58    | 33.36       | 5  |           |
| Senate  | ment For:<br>Primary<br>Other (spe | 2009<br>General                 |      |               |   |           |      |           |    |           |       |             |  |           |
| Full Name (Last, First, Middle Initial) Jason P Capizzi  Mailing Address 24 Ave. at Port Imperial,        | Apt. 209                           |                                 |      |               |   | Date      |      | ion ID:   | em | / Y       |       | 16<br>0 ŏ s | ) Y  |           |
| City  | State                              | Zip Code                        |      |               |   | Amou      | nt o | f Each    | D  | isburse   | nen   | t this I    | Perio  | od .      |
| Purpose of Disbursement   | NJ                                 | 07093                           |      | •             |   |           |      |           |    |           | 14    | 58.34       |  |           |
| wages Candidate Name  |                                    |                                 |      | egory/<br>ype |   |           |      |           |    |           |       |             |  |           |
|   | Primary                            | 2009<br>General                 |      |               |   |           |      |           |    |           |       |             |  |           |
| State: District: other  Full Name (Last, First, Middle Initial)   |                                    |                                 |      |               |   | Trans     | anti | ion ID:   |    | SB21E     | 2 / 1 | 17          |  |           |
| Jason P Capizzi   |                                    |                                 |      |               |   | Date      |      | isburs    | em | ent       |       |             | V  |           |
| Mailing Address 24 Ave. at Port Imperial,   | Apt. 209                           |                                 |      |               |   | 0 3       | IVI  | / D 1     | 5  |           | 2     | o ŏ s       | )  |           |
|   | State<br>NJ                        | Zip Code<br>07093               |      |               |   | Amou      | nt o | f Each    | D  | isbursei  | -     |             |  | od        |
| Purpose of Disbursement wages   |                                    |                                 |      |               |   | L.        |      |           |    |           | 14    | 58.34       | -  |           |
| Candidate Name  |                                    |                                 |      | egory/<br>ype |   |           |      |           |    |           |       |             |  |           |
| Senate President X  | ment For:<br>Primary<br>Other (spe | 2009<br>General                 |      |               |   |           |      |           |    |           |       |             |  |           |
| State: District: other  |                                    |                                 |      |               |   | _         | _    |           | _  |           |       |             |  | _         |
| SUBTOTAL of Disbursements This Page (optional) .  |                                    |                                 | <br> | . •           |   | L.        |      |           |    |           | 87    | 50.04       | <u>.                                    </u> |           |

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

|   |                                   | 3 (FEC Form                       | •                      |                                    | arate schedule(s)<br>category of the |   | FOR LII          |       | -                | R:    |                |              | PAGE  | 9/1       | 7     |
|---|-----------------------------------|-----------------------------------|------------------------|------------------------------------|--------------------------------------|---|------------------|-------|------------------|-------|----------------|--------------|-------|-----------|-------|
|   |                                   | SBURSEMEN                         |                        | Detailed                           | Summary Page                         |   | X 21b 27         |       | 22<br>28a        |       | 23<br>28b      | 24<br>28     | c     | 25<br>29  |       |
|   |                                   | ed from such Reports              |                        |                                    |                                      |   |                  |       |                  |       |                |              |       |           | 5     |
|   | NAME OF COM                       | MITTEE (In Full) MERICAN PAC (A   |                        |                                    | os or any political                  |   |                  | 30110 | it donti         |       |                | 511 000      |       |           |       |
|   | Full Name (Last,<br>Jason P Capiz | First, Middle Initial)<br>zi      |                        |                                    |                                      |   |                  |       | Trans            |       |                | SB2<br>ement | 1B.4  | 124       |       |
| N | Mailing Address                   | 24 Ave. at Por                    | t Imperial,            | Apt. 209                           |                                      |   |                  |       | 0 <sup>M</sup> 3 | M /   | <sup>D</sup> 2 | 0 /          | Y     | 2 0 ŏ s   | e Y   |
|   | City<br>West New Yor              | k                                 |                        | State<br>NJ                        | Zip Code<br>07093                    |   |                  |       | Amou             | nt of | Each           | Disbur       |       |           |       |
|   | Purpose of Disbureimbursable exp  | ursement<br>enses - office expens | ses                    |                                    |                                      | Г |                  |       |                  |       |                |              |       | 79.70     | )     |
| ( | Candidate Name                    |                                   |                        |                                    |                                      |   | ategory/<br>Type |       |                  |       |                |              |       |           |       |
| ( | Office Sought:                    | House Senate President            | X                      | ment For:<br>Primary<br>Other (spe | 2009 General                         |   |                  |       |                  |       |                |              |       |           |       |
|   | State:                            | District:                         | other                  |                                    |                                      |   |                  |       |                  |       |                |              |       |           |       |
|   | Full Name (Last,<br>Jason P Capiz | First, Middle Initial)<br>zi      |                        |                                    |                                      |   |                  |       | Trans<br>Date    |       | burse          |              | 1B.4  | 118       |       |
| N | Mailing Address                   | 24 Ave. at Por                    | t Imperial,            | Apt. 209                           |                                      |   |                  |       | 0 <sup>M</sup> 4 | M /   | <sup>D</sup> 0 | <b>1</b> /   | Y     | 0 0 5     | ) Y   |
|   | City<br>West New Yor              | k                                 |                        | State<br>NJ                        | Zip Code<br>07093                    |   |                  |       | Amou             | nt of | Each           | Disbur       | semer | nt this f | Perio |
|   | Purpose of Disbu                  | ırsement                          |                        |                                    |                                      | Г | •                |       | L.               | _     |                |              | 14    | 58.34     | 1     |
| - | Candidate Name                    |                                   |                        |                                    |                                      | С | ategory/<br>Type |       |                  |       |                |              |       |           |       |
|   | Office Sought:                    | House Senate President District:  | Disburse<br>X<br>other | ment For:<br>Primary<br>Other (spe | 2009<br>General                      |   |                  |       |                  |       |                |              |       |           |       |
| F |                                   | First, Middle Initial)            | Totilei                |                                    |                                      |   |                  |       |                  |       |                | SB2<br>ement | 1B.4  | 119       |       |
| N | Mailing Address                   | 24 Ave. at Por                    | t Imperial,            | Apt. 209                           |                                      |   |                  |       | 0 <sup>M</sup> 4 | M /   | <sup>D</sup> 1 | 5 /          | YZ    | 2 0 ŏ s   | e Y   |
|   | City<br>West New Yor              | k                                 |                        | State<br>NJ                        | Zip Code<br>07093                    |   |                  |       | Amou             | nt of | Each           | Disbur       | semer | nt this I | Perio |
|   | Purpose of Disbu                  | ursement                          |                        |                                    |                                      | Г |                  |       | L.               |       |                |              | 14    | 58.34     | 1     |
| ( | Candidate Name                    |                                   |                        |                                    |                                      |   | ategory/<br>Type | '     |                  |       |                |              |       |           |       |
| Ō | Office Sought:                    | House Senate President            |                        | ment For:<br>Primary<br>Other (spe | 2009 General                         |   |                  |       |                  |       |                |              |       |           |       |
| 5 | State:                            | District:                         | other                  |                                    |                                      |   |                  |       |                  |       |                |              |       |           |       |
|   |                                   |                                   |                        |                                    |                                      |   |                  |       |                  |       |                | -            |       |           | 3     |

| •   | C Form 3X)         | Use sepa                           | arate schedule(s)               |   | _             |                       | NUMB                | ER:    |           |        | PA            | GE                                    | 10 / 1   | 17             |
|---|--------------------|------------------------------------|---------------------------------|---|---------------|-----------------------|---------------------|--------|-----------|--------|---------------|---------------------------------------|----------|----------------|
| ITEMIZED DISBUI   | RSEMENTS           | for each                           | category of the<br>Summary Page |   | X             | eck only<br>21b<br>27 | y one)<br>22<br>28a | E      | 23<br>28b |        | 24<br>28c     |                                       | 25<br>29 |                |
| Any Information copied from or for commercial purposes, |                    |                                    |                                 |   |               |                       |                     |        |           |        |               |                                       |          | 5              |
| NAME OF COMMITTEE ARMENIAN AMERIC                       | (In Full)          |                                    | ss or any pointear              |   |               | 0 30                  | MICIT COIT          | ti ibu | 101131    | 101113 | 300110        | ,011111                               | milec .  |                |
| Full Name (Last, First, M<br>Jason P Capizzi            | liddle Initial)    |                                    |                                 |   |               |                       |                     |        | ion IC    | _      | B21E          | 3.41                                  | 25       |                |
| Mailing Address 24                                      | Ave. at Port Imper | ial, Apt. 209                      |                                 |   |               |                       | 0 <sup>M</sup> 4    | М      | / D       | 19     | / Y           | ž                                     | o ŏ 9    | Y              |
| City<br>West New York                                   |                    | State<br>NJ                        | Zip Code<br>07093               |   |               |                       | Amo                 | unt d  | of Eac    | h Dis  | burse         |                                       | this F   |                |
| Purpose of Disbursement reimbursable expenses -         |                    |                                    |                                 |   |               |                       | L                   |        |           |        |               | 34                                    | 40.31    |                |
| Candidate Name  |                    |                                    |                                 |   | atego<br>Type | -                     |                     |        |           |        |               |                                       |          |                |
| S   | enate<br>resident  | ursement For: Primary X Other (spe | 2009<br>General                 |   |               |                       |                     |        |           |        |               |                                       |          |                |
| State: Distri   |                    | er                                 |                                 |   |               |                       |                     |        |           |        | B21E          | 3.41                                  | 20       |                |
| Jason P Capizzi   |                    |                                    |                                 |   |               |                       | Date                | of D   | isburs    | eme    | nt<br>  /   v | · · · · · · · · · · · · · · · · · · · | ν,       | Υ              |
| Mailing Address 24                                      | Ave. at Port Imper | ial, Apt. 209                      |                                 |   |               |                       | 0 5                 | j      |           | 0 1    | Ĺ             | 2                                     | 0 Ó 9    | )              |
| City<br>West New York                                   |                    | State<br>NJ                        | Zip Code<br>07093               |   |               |                       | Amo                 | unt d  | of Eacl   | h Dis  | burse         | ment                                  | this F   | Period         |
| Purpose of Disbursemen wages                            | nt                 |                                    |                                 |   |               |                       | L                   |        |           | ^      |               | 14                                    | 58.34    |                |
| Candidate Name  |                    |                                    |                                 |   | atego<br>Type | -                     |                     |        |           |        |               |                                       |          |                |
| s   | enate<br>resident  | ursement For: Primary X Other (spe | 2009<br>General                 |   |               |                       |                     |        |           |        |               |                                       |          |                |
| Full Name (Last, First, M<br>Jason P Capizzi            |                    |                                    |                                 |   |               |                       |                     |        | ion IC    |        | B21E          | 3.41                                  | 21       |                |
| Mailing Address 24                                      | Ave. at Port Imper | ial, Apt. 209                      |                                 |   |               |                       | 0 <sup>M</sup> 5    | M      | / D       | 15     | / Y           | ž                                     | o ŏ 9    | ) <sup>Y</sup> |
| City<br>West New York                                   |                    | State<br>NJ                        | Zip Code<br>07093               |   |               |                       | Amo                 | unt d  | of Eac    | h Dis  | burse         | ment                                  | this F   | Period         |
| Purpose of Disbursement wages                           | nt                 |                                    |                                 | Ĺ | •             |                       | L                   |        |           |        |               | 14                                    | 58.34    |                |
| Candidate Name  |                    |                                    |                                 |   | atego<br>Type | -                     |                     |        |           |        |               |                                       |          |                |
| S   | enate<br>resident  | ursement For: Primary X Other (spe | 2009<br>General                 |   |               |                       |                     |        |           |        |               |                                       |          |                |
| State: Distri   | ct: othe           | er                                 |                                 |   |               |                       |                     |        |           |        |               |                                       |          |                |
|   |                    |                                    |                                 |   |               |                       |                     | _      |           |        |               |                                       |          | -              |

|    |                                   | B (FEC Form 3)                                   | ′ Use ser                             | parate schedule(s)           |               |                     |   | NUMBE            | R:    |           |       | PAG       | E 11/    | 17             |          |
|----|-----------------------------------|--|---------------------------------------|------------------------------|---------------|---------------------|---|------------------|-------|-----------|-------|-----------|----------|----------------|----------|
| ľ  | TEMIZED DI                        | SBURSEMENT                                       | for each<br>Detailed                  | category of the Summary Page | X             | eck or<br>21b<br>27 | F | 22<br>28a        |       | 23<br>28b |       | 24<br>28c | 25<br>29 | F              | 26<br>30 |
|    |                                   | ed from such Reports an rposes, other than using |                                       |                              |               |                     |   |                  |       |           |       |           |          |                |          |
|    | NAME OF COM<br>ARMENIAN A         | MITTEE (In Full)<br>MERICAN PAC (ARM             | IENPAC)                               |                              |               |                     |   |                  |       |           |       |           |          |                |          |
| ۸. | Full Name (Last,<br>Jason P Capiz | First, Middle Initial)<br>zzi                    |                                       |                              |               |                     |   | Date             |       | isburs    | eme   | B21B.     |          | Y              | 1        |
|    | Mailing Address                   | 24 Ave. at Port Im                               | perial, Apt. 209                      |                              |               |                     |   | 0 5              |       | 2         | 25    | Ľ         | ž 0 ŏ    | 9              |          |
|    | City<br>West New Yor              | ·k   | State<br>NJ                           | Zip Code<br>07093            |               |                     |   | Amou             | ınt d | of Each   | n Dis | bursem    |          | -              | iod      |
|    | Purpose of Disbureimbursable exp  | ursement<br>penses - office expenses             |                                       |                              | v             |                     |   | L.               | -     | _         |       |           | 497.4    | 0              |          |
|    | Candidate Name                    |  |                                       |                              | tego<br>Type  | -                   |   |                  |       |           |       |           |          |                |          |
|    | Office Sought:                    | Senate<br>President                              | Disbursement For: Primary X Other (sp | 2009<br>General              |               |                     |   |                  |       |           |       |           |          |                |          |
| _  | State:<br>Full Name (Last.        | District: First, Middle Initial)                 | other                                 |                              |               |                     | + | Tron             |       | ion ID    |       | B21B.     | 4100     |                |          |
| 3. | Jason P Capiz                     |  |                                       |                              |               |                     |   |                  |       | isburs    | eme   |           | 4122     |                |          |
|    | Mailing Address                   | 24 Ave. at Port In                               | perial, Apt. 209                      |                              |               |                     |   | 0 <sup>M</sup> 6 | М     | / D.      | 15    | / Y       | žoŏ      | 9 <sup>Y</sup> |          |
|    | City<br>West New Yor              | ·k   | State<br>NJ                           | Zip Code<br>07093            |               |                     |   | Amou             | ınt d | of Each   | n Dis | bursem    | ent this | Per            | iod      |
|    | Purpose of Disbu                  | ursement   |                                       |                              |               |                     |   | L.               | 0     |           |       |           | 1458.3   | 4              |          |
|    | Candidate Name                    | 1  |                                       | '                            | itego<br>Type | -                   |   |                  |       |           |       |           |          |                |          |
|    | Office Sought:                    | House Senate President                           | Disbursement For: Primary X Other (sp | 2009<br>General ecify) ▼     |               |                     |   |                  |       |           |       |           |          |                |          |
| _  | State:                            | District: First, Middle Initial)                 | other                                 |                              |               |                     |   |                  |       |           |       |           |          |                |          |
| С. | Jason P Capiz                     |  |                                       |                              |               |                     |   | Date             | of D  | isburs    | eme   | B21B.     |          |                |          |
|    | Mailing Address                   | 24 Ave. at Port Im                               | perial, Apt. 209                      |                              |               |                     |   | o <sup>M</sup> 6 | М     | / D       | 27    | / Y       | žoŏ      | 9 <sup>Y</sup> |          |
|    | City<br>West New Yor              | rk   | State<br>NJ                           | Zip Code<br>07093            |               |                     |   | Amou             | ınt d | of Each   | n Dis | bursem    | ent this | Per            | iod      |
|    | Purpose of Disbu                  | ursement<br>penses - office expenses             |                                       |                              |               |                     |   | L.               |       |           |       |           | 557.9    | 1              |          |
|    | Candidate Name                    |  |                                       |                              | itege<br>Type |                     |   |                  |       |           |       |           |          |                |          |
|    | Office Sought:                    | House<br>Senate<br>President                     | Disbursement For: Primary X Other (sp | 2009 General                 | · , , p       | <u>-</u>            |   |                  |       |           |       |           |          |                |          |
|    | State:                            |  | other                                 | J) <b>▼</b>                  |               |                     |   |                  |       |           |       |           |          |                |          |

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

В.

## **SCHEDULE B (FEC Form 3X)**

Senate

District:

President

FOR LINE NUMBER: PAGE 12/17 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 29 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) Transaction ID: SB21B.4114 Shovi Websites Date of Disbursement 2 0 2 2009 Mailing Address 26 Liberty Road City State Zip Code Amount of Each Disbursement this Period Bedford MA 01730 667.00 Purpose of Disbursement wages - website maintenance / development Candidate Name Category/ Type Office Sought: Disbursement For: 2009 House Senate Primary General President X Other (specify) State: District: other Full Name (Last, First, Middle Initial) Transaction ID: SB21B.4115 Shovi Websites Date of Disbursement 15 0 4 2009 Mailing Address 26 Liberty Road City State Zip Code Amount of Each Disbursement this Period Bedford MA 01730 428.00 Purpose of Disbursement wages - website maintenance / development Candidate Name Category/ Type Office Sought: 2009 House Disbursement For:

General

| SUBTOTAL of Disbursements This Page (optional)      | •        | 1095.00  |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 19012.06 |

Primary

other

X Other (specify) ▼

State:

| TEM        |                                 | B (FEC Form<br>SBURSEMEN              | '   Use           |           | e schedule(s)<br>gory of the |   | FOR LIN<br>(check o | IE NUMBI<br>nly one) | ER:      | Į                          | PAGE    | 13 / 1   | 7    |
|------------|---------------------------------|---------------------------------------|-------------------|-----------|------------------------------|---|---------------------|----------------------|----------|----------------------------|---------|----------|------|
|            |                                 |                                       | Deta              | ailed Sum | mary Page                    |   | 21b<br>27           | 22<br>28a            |          | 8b 2                       | 4<br>8c | 25<br>29 |      |
|            |                                 | ed from such Reports                  |                   |           |                              |   |                     |                      |          |                            |         |          |      |
| NAI        | ME OF COM                       | MITTEE (In Full) MERICAN PAC (A       |                   |           | . arry portion               | - |                     |                      |          |                            |         |          |      |
|            | l Name (Last,<br>DWARD L. E     | First, Middle Initial)<br>BERMAN      |                   |           |                              |   |                     | Date                 | of Disk  | n ID: SB<br>oursement      | 23.410  | 9        |      |
| Mai        | iling Address                   | 14546 Hamlin                          | St., #202         |           |                              |   |                     | 0 <sup>M</sup> 6     | M /      | 16                         | Ý Ž     | 0 ŏ 9    | Y    |
| City<br>Va | y<br>n Nuys                     |                                       | State<br>CA       |           | p Code<br>1411               |   |                     | Amo                  | unt of E | ach Disbu                  |         |          | -    |
|            | rpose of Disbu<br>use Candidate |                                       |                   |           |                              |   |                     |                      |          |                            | 25      | 00.00    | _    |
| Car        | ndidate Name                    |                                       |                   |           |                              |   | tegory/<br>ype      |                      |          |                            |         |          |      |
| Offi       | ice Sought:                     | X House<br>Senate<br>President        | Disbursement F    |           | 2009<br>X General            |   |                     |                      |          |                            |         |          |      |
|            | ite: CA                         | District: 28                          |                   |           |                              |   |                     |                      |          |                            |         |          |      |
|            | •                               | First, Middle Initial)<br>L BILIRAKIS |                   |           |                              |   |                     | 1                    |          | <b>ID:</b> SB<br>oursement | 23.410  | 7        |      |
| Mai        | iling Address                   | 4538 BARTEL                           | ΓROAD             |           |                              |   |                     | 0 <sup>M</sup> 6     | M /      | <sup>D</sup> 2 7           | Ý Ž     | 0 ŏ 9    | Y    |
| City       | y<br>DLIDAY                     |                                       | State<br>FL       |           | p Code<br>4690               |   |                     | Amo                  | unt of E | ach Disbu                  | ırsemen | t this P | erio |
| Pur        | rpose of Disbuuse Candidate     |                                       | 1 -               |           | 1000                         |   | •                   |                      |          |                            | 5       | 00.00    |      |
|            | ndidate Name                    | Contribution                          |                   |           |                              |   | tegory/<br>ype      |                      |          |                            |         |          |      |
|            | ice Sought:                     | X House Senate President District: 09 | Disbursement F    |           | 2009<br>X General            |   |                     |                      |          |                            |         |          |      |
| Full       | l Name (Last,                   | First, Middle Initial) .TON HOYER     |                   |           |                              |   |                     | 1                    |          | n ID: SB<br>oursement      | 23.411  | 0        |      |
| Mai        | iling Address                   | 4201 Northviev                        | v Drive, Suite 30 | )7        |                              |   |                     | 0 <sup>M</sup> 6     | M /      | 11                         | ž       | 0 ŏ 9    | Y    |
| City       | y<br>wie                        |                                       | State<br>MD       |           | p Code<br>0716               |   |                     | Amo                  | unt of E | ach Disbu                  |         |          |      |
|            | rpose of Disbu<br>use Candidate |                                       |                   |           |                              |   |                     |                      |          |                            | 20      | 00.00    | _    |
| Car        | ndidate Name                    |                                       |                   |           |                              |   | tegory/<br>ype      |                      |          |                            |         |          |      |
| Offi       | ice Sought:                     | X House<br>Senate<br>President        | Disbursement F    |           | 2009<br>X General            |   |                     |                      |          |                            |         |          |      |
|            | ite: MD                         | District: 05                          |                   | (эрсспу)  | <b>, ♦</b>                   |   |                     |                      |          |                            |         |          |      |
| Sta        |                                 |                                       |                   |           |                              |   |                     |                      |          |                            |         |          |      |

В.

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)          |                   | NUMBER: PAGE 14 / 17                    |  |  |  |
|---|-----------------------------------|-------------------|---|--|--|--|
| TEMIZED DISBURSEMENTS   | for each category of the          | (check only       |   |  |  |  |
|   | Detailed Summary Page             | 21b<br>27         | 22 X 23 24 25 26<br>28a 28b 28c 29 30b  |  |  |  |
| Any Information coning from such Deports and States   | ponta may not be cold or youd b   |                   |   |  |  |  |
| Any Information copied from such Reports and Staten<br>or for commercial purposes, other than using the nam |                                   |                   |   |  |  |  |
| NAME OF COMMITTEE (In Full)   |                                   |                   |   |  |  |  |
| ARMENIAN AMERICAN PAC (ARMENPA  | C)                                |                   |   |  |  |  |
| Full Name (Last, First, Middle Initial)   |                                   |                   | Transaction ID: SB23.4111               |  |  |  |
| THADDEUS G. MR. MCCOTTER  |                                   |                   | Date of Disbursement                    |  |  |  |
|   |                                   |                   | 06  11  2009                            |  |  |  |
| Mailing Address 18430 Golfview Street   |                                   |                   | 06 11 2009                              |  |  |  |
| City  | State Zip Code                    |                   | Amount of Each Disbursement this Period |  |  |  |
| Livonia   | MI 48152                          |                   |   |  |  |  |
| Purpose of Disbursement   | 1                                 |                   | 1000.00                                 |  |  |  |
| House Candidate Contribution  |                                   |                   |   |  |  |  |
| Candidate Name  |                                   | Category/         |   |  |  |  |
| Office Country   House  | ement For: 2009                   | Туре              |   |  |  |  |
| Office Sought: X House Disburse Senate  | ement For: 2009 Primary X General |                   |   |  |  |  |
| President   | Other (specify)                   |                   |   |  |  |  |
| State: MI District: 11  | Caron (opening)                   |                   |   |  |  |  |
| Full Name (Last, First, Middle Initial)   |                                   |                   | Transaction ID: SB23.4108               |  |  |  |
| JACKIE SPEIER   |                                   |                   | Date of Disbursement                    |  |  |  |
|   |                                   |                   | M M / D D / Y Y Y Y                     |  |  |  |
| Mailing Address 400 S El Camino Real #  | 630                               |                   | 06 07 2009                              |  |  |  |
|   | State Zip Code                    |                   | Amount of Each Disbursement this Period |  |  |  |
| San Mateo   | CA 94402                          |                   | 1000.00                                 |  |  |  |
| Purpose of Disbursement   | I                                 |                   | 1000.00                                 |  |  |  |
| House Candidate Contribution  |                                   |                   |   |  |  |  |
| Candidate Name  |                                   | Category/<br>Type |   |  |  |  |
| Office Sought: X House Disburse   | ement For: 2009                   |                   |   |  |  |  |
| Senate  | Primary X General                 |                   |   |  |  |  |
| President   | Other (specify)                   |                   |   |  |  |  |

| SUBTOTAL of Disbursements This Page (optional)      |   | 2000.00 |  |
|---|---|---------|--|
| TOTAL This Period (last page this line number only) | • | 7000.00 |  |

State: CA

District: 12

### PAGE 15 / 17 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) X 9 numbered line) **Excluding Loans** 10 NAME OF COMMITTEE (In Full) ARMENIAN AMERICAN PAC (ARMENPAC) A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): repayment of 7/26/02 \$3500 overpayment Mida Giragosian Mailing Address 1316 N. Campbell Suite 6 City State ZIP Code 48067 Royal Oak MI Outstanding Balance Beginning This Period Transaction ID: SD9.4130 300.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 300.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mida Giragosian repayment of 7/26/02 \$3500 overpayment Mailing Address 1316 N. Campbell Suite 6 State 7IP Code City 48067 Royal Oak MI Outstanding Balance Beginning This Period Transaction ID: SD9.4140 200.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 200.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mida Giragosian repayment of 7/26/02 \$3500 overpayment Mailing Address 1316 N. Campbell Suite 6 ZIP Code City State Royal Oak 48067 ΜI Outstanding Balance Beginning This Period Transaction ID: SD9.4133 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 200.00 700.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

3) TOTAL OUTSTANDING LOANS

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

(Use separate schedule(s)

PAGE 16 / 17 FOR LINE NUMBER:

| Χ | 9  |
|---|----|
|   | 10 |

| Excluding Loans   | for each numbered line)              | (check only one) | 10  |             |  |  |
|---|--------------------------------------|------------------|---|-------------|--|--|
| NAME OF COMMITTEE (In Full) ARMENIAN AMERICAN PAC (ARMENPAC)                        |                                      |                  |   |             |  |  |
| ARIVIENIAN AMERICAN PAC (ARIVIENPAC)  |                                      |                  |   |             |  |  |
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian    |                                      | repaymer         | Nature of Debt (Purpose):<br>repayment of 7/26/02 \$3500<br>overpayment |             |  |  |
| Mailing Address 1316 N. Campbell Suite 6  |                                      |                  |   |             |  |  |
| City State<br>Royal Oak MI  | ZIP Code<br>48067                    |                  |   |             |  |  |
| Outstanding Balance Beginning This Period   |                                      | Tra              | nsaction ID: SD9.413  | 34          |  |  |
| 100.00  |                                      |                  |   |             |  |  |
| Amount Incurred This Period   | Payment This Period                  | Outstandi        | ng Balance at Close of  | This Period |  |  |
| 0.00  | 0.00                                 |                  |   | 100.00      |  |  |
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian    |                                      |                  | Nature of Debt (Purpose):<br>repayment of 7/26/02 \$3500<br>overpayment |             |  |  |
| Mailing Address 1316 N. Campbell Suite 6  |                                      |                  |   |             |  |  |
| City State Royal Oak MI   | ZIP Code<br>48067                    |                  |   |             |  |  |
| Outstanding Balance Beginning This Period   |                                      | Tra              | nsaction ID: SD9.413  | <br>35      |  |  |
| 100.00  |                                      |                  |   |             |  |  |
| Amount Incurred This Period   | Payment This Period                  | Outstandi        | Outstanding Balance at Close of This Period                             |             |  |  |
| 0.00  | 0.00                                 |                  |   | 100.00      |  |  |
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br>Mida Giragosian |                                      | repaymer         | Nature of Debt (Purpose):<br>repayment of 7/26/02 \$3500<br>overpayment |             |  |  |
| Mailing Address 1316 N. Campbell Suite 6  |                                      |                  |   |             |  |  |
| City State<br>Royal Oak MI  | ZIP Code<br>48067                    |                  |   |             |  |  |
| Outstanding Balance Beginning This Period   |                                      | Tra              | nsaction ID: SD9.410  | 36          |  |  |
| 100.00  Amount Incurred This Period   | Payment This Paried                  | Outstandi        | na Palanca at Class of T  | This Poriod |  |  |
|   | Payment This Period                  | Outstandi        | ng Balance at Close of  |             |  |  |
| 0.00  | 0.00                                 |                  |   | 100.00      |  |  |
| 1) SUBTOTALS This Period This Page (optional)                                       |                                      | <b>•</b>         | 300.0   | 00          |  |  |
| 2) TOTALS This Period (last page this line number of                                | only)                                | _ <b>&gt;</b>    | 1 1 1 1 1   |             |  |  |
| 3) TOTAL OUTSTANDING LOANS from Schedu  | le C (last page only)                | <b>&gt;</b>      |   |             |  |  |
| 4) ADD 2) and 3) and carry forward to appropriate I                                 | ine of Summary Page (last page only) | <b>&gt;</b>      |   |             |  |  |

### PAGE 17 / 17 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) X 9 numbered line) **Excluding Loans** 10 NAME OF COMMITTEE (In Full) ARMENIAN AMERICAN PAC (ARMENPAC) A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): repayment of 7/26/02 \$3500 overpayment Mida Giragosian Mailing Address 1316 N. Campbell Suite 6 City State ZIP Code 48067 Royal Oak MI Outstanding Balance Beginning This Period Transaction ID: SD9.4137 100.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 100.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mida Giragosian repayment of 7/26/02 \$3500 overpayment Mailing Address 1316 N. Campbell Suite 6 State 7IP Code City 48067 Royal Oak MI Outstanding Balance Beginning This Period Transaction ID: SD9.4138 600.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 600.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mida Giragosian repayment of 7/26/02 \$3500 overpayment Mailing Address 1316 N. Campbell Suite 6 ZIP Code City State Royal Oak 48067 ΜI Outstanding Balance Beginning This Period Transaction ID: SD9.4139 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 200.00 900.00 1) SUBTOTALS This Period This Page (optional)..... 1900.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

1900.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)