

**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)

780 Sunset Terrace

☐Check if different
than previously
reported. (ACC)

Franklin Lakes

NJ

07417

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

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

2009

through

06

30

2009

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

Stephen Charles Aslanian

Signature of Treasurer Electronically Filed by Stephen Charles Aslanian

Date

07

31

2009

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**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

ARMENIAN AMERICAN PAC (ARMENPAC)

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2009		18406.61
(b) Cash on Hand at Beginning 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 6(a) and 6(c) for Column B)	32091.61	32091.61
7. Total Disbursements (from Line 31)	26304.55	26304.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5787.06	5787.06
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

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

ARMENIAN AMERICAN PAC (ARMENPAC)

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y W Y
2 0 0 9

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	12250.00	12250.00
(ii) Unitemized	1435.00	1435.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13685.00	13685.00
(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)	13685.00	13685.00
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))	13685.00	13685.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13685.00	13685.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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.....	19304.55	19304.55	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	19304.55	19304.55	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00	
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))..	26304.55	26304.55	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26304.55	26304.55	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	13685.00	13685.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

Hrant Candan

Mailing Address 88-30 51st Avenue

City

Elmhurst

State

NY

Zip Code

11373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.4160

Amount of Each Receipt this Period

1000.00

contribution

B.

Full Name (Last, First, Middle Initial)

Honorable George Deukmejian

Mailing Address 5366 East Broadway

City

Long Beach

State

CA

Zip Code

90803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

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 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.4163

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Anna Hovnanian

Mailing Address 600 Navesink River Road

City

Middletown

State

NJ

Zip Code

07701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.4149

Amount of Each Receipt this Period

5000.00

contribution

SUBTOTAL of Receipts This Page (optional)

6250.00

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 / 17

(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)

Hirair Hovnanian

Mailing Address 600 Navesink River Road

City

Middletown

State

NJ

Zip Code

07701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hovsons, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.4146

Amount of Each Receipt this Period

5000.00

contribution

B.

Full Name (Last, First, Middle Initial)

John Jamian

Mailing Address 1862 Chipping Way

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.4176

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

12250.00

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)

PAGE 8 / 17

<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 P Capizzi

Mailing Address 24 Ave. at Port Imperial, Apt. 209

City West New York State NJ Zip Code 07093

Purpose of Disbursement
wages - backpay

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

other

Transaction ID: SB21B.4123

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5833.36

B.

Full Name (Last, First, Middle Initial)

Jason P Capizzi

Mailing Address 24 Ave. at Port Imperial, Apt. 209

City West New York State NJ Zip Code 07093

Purpose of Disbursement
wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

other

Transaction ID: SB21B.4116

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1458.34

C.

Full Name (Last, First, Middle Initial)

Jason P Capizzi

Mailing Address 24 Ave. at Port Imperial, Apt. 209

City West New York State NJ Zip Code 07093

Purpose of Disbursement
wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

other

Transaction ID: SB21B.4117

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1458.34

SUBTOTAL of Disbursements This Page (optional)

8750.04

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 P Capizzi

Transaction ID: SB21B.4124

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2009

Mailing Address 24 Ave. at Port Imperial, Apt. 209

City State Zip Code
West New York NJ 07093

Amount of Each Disbursement this Period

479.70

Purpose of Disbursement
reimbursable expenses - office expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

other

B.

Full Name (Last, First, Middle Initial)

Jason P Capizzi

Transaction ID: SB21B.4118

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2009

Mailing Address 24 Ave. at Port Imperial, Apt. 209

City State Zip Code
West New York NJ 07093

Amount of Each Disbursement this Period

1458.34

Purpose of Disbursement
wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

other

C.

Full Name (Last, First, Middle Initial)

Jason P Capizzi

Transaction ID: SB21B.4119

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2009

Mailing Address 24 Ave. at Port Imperial, Apt. 209

City State Zip Code
West New York NJ 07093

Amount of Each Disbursement this Period

1458.34

Purpose of Disbursement
wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

other

SUBTOTAL of Disbursements This Page (optional)

3396.38

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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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ARMENIAN AMERICAN PAC (ARMENPAC)

A.

Full Name (Last, First, Middle Initial)

Jason P Capizzi

Transaction ID: SB21B.4125

Date of Disbursement

/ /

Mailing Address 24 Ave. at Port Imperial, Apt. 209

City State Zip Code
West New York NJ 07093

Amount of Each Disbursement this Period

Purpose of Disbursement
reimbursable expenses - office expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

other

B.

Full Name (Last, First, Middle Initial)

Jason P Capizzi

Transaction ID: SB21B.4120

Date of Disbursement

/ /

Mailing Address 24 Ave. at Port Imperial, Apt. 209

City State Zip Code
West New York NJ 07093

Amount of Each Disbursement this Period

Purpose of Disbursement
wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

other

C.

Full Name (Last, First, Middle Initial)

Jason P Capizzi

Transaction ID: SB21B.4121

Date of Disbursement

/ /

Mailing Address 24 Ave. at Port Imperial, Apt. 209

City State Zip Code
West New York NJ 07093

Amount of Each Disbursement this Period

Purpose of Disbursement
wages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

other

SUBTOTAL of Disbursements This Page (optional)

3256.99

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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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ARMENIAN AMERICAN PAC (ARMENPAC)

A. Full Name (Last, First, Middle Initial) Jason P Capizzi	Transaction ID: SB21B.4126 Date of Disbursement
Mailing Address 24 Ave. at Port Imperial, Apt. 209	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 5 / 2 0 0 9</div> </div>
City West New York State NJ Zip Code 07093 Purpose of Disbursement reimbursable expenses - office expenses Candidate Name	Amount of Each Disbursement this Period <div>497.40</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Jason P Capizzi	Transaction ID: SB21B.4122 Date of Disbursement
Mailing Address 24 Ave. at Port Imperial, Apt. 209	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 0 9</div> </div>
City West New York State NJ Zip Code 07093 Purpose of Disbursement wages Candidate Name	Amount of Each Disbursement this Period <div>1458.34</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Jason P Capizzi	Transaction ID: SB21B.4127 Date of Disbursement
Mailing Address 24 Ave. at Port Imperial, Apt. 209	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 0 9</div> </div>
City West New York State NJ Zip Code 07093 Purpose of Disbursement reimbursable expenses - office expenses Candidate Name	Amount of Each Disbursement this Period <div>557.91</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

2513.65

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)

Shovi Websites

Mailing Address 26 Liberty Road

City Bedford State MA Zip Code 01730

Purpose of Disbursement
wages - website maintenance / development

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

other

Transaction ID: SB21B.4114

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

667.00

B.

Full Name (Last, First, Middle Initial)

Shovi Websites

Mailing Address 26 Liberty Road

City Bedford State MA Zip Code 01730

Purpose of Disbursement
wages - website maintenance / development

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

other

Transaction ID: SB21B.4115

Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

428.00

SUBTOTAL of Disbursements This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

19012.06

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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 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)

A.

Full Name (Last, First, Middle Initial)

HOWARD L. BERMAN

Mailing Address 14546 Hamlin St., #202

City State Zip Code
Van Nuys CA 91411

Purpose of Disbursement
House Candidate Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 28

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.4109

Date of Disbursement

06 / 16 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

GUS MICHAEL BILIRAKIS

Mailing Address 4538 BARTELT ROAD

City State Zip Code
HOLIDAY FL 34690

Purpose of Disbursement
House Candidate Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 09

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.4107

Date of Disbursement

06 / 27 / 2009

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

STENY HAMILTON HOYER

Mailing Address 4201 Northview Drive, Suite 307

City State Zip Code
Bowie MD 20716

Purpose of Disbursement
House Candidate Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 05

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.4110

Date of Disbursement

06 / 11 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ARMENIAN AMERICAN PAC (ARMENPAC)

A.

Full Name (Last, First, Middle Initial)

THADDEUS G. MR. MCCOTTER

Mailing Address 18430 Golfview Street

City
Livonia

State
MI

Zip Code
48152

Purpose of Disbursement
House Candidate Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 11

Transaction ID: SB23.4111

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

JACKIE SPEIER

Mailing Address 400 S El Camino Real # 630

City
San Mateo

State
CA

Zip Code
94402

Purpose of Disbursement
House Candidate Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 12

Transaction ID: SB23.4108

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

ARMENIAN AMERICAN PAC (ARMENPAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mida GiragosianNature of Debt (Purpose):
repayment of 7/26/02 \$3500
overpaymentMailing Address 1316 N. Campbell
Suite 6City State ZIP Code
Royal Oak MI 48067

Outstanding Balance Beginning This Period

300.00

Transaction ID: SD9.4130

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

300.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mida GiragosianNature of Debt (Purpose):
repayment of 7/26/02 \$3500
overpaymentMailing Address 1316 N. Campbell
Suite 6City State ZIP Code
Royal Oak MI 48067

Outstanding Balance Beginning This Period

200.00

Transaction ID: SD9.4140

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mida GiragosianNature of Debt (Purpose):
repayment of 7/26/02 \$3500
overpaymentMailing Address 1316 N. Campbell
Suite 6City State ZIP Code
Royal Oak MI 48067

Outstanding Balance Beginning This Period

200.00

Transaction ID: SD9.4133

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).....

700.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 / 17

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mida GiragosianNature of Debt (Purpose):
repayment of 7/26/02 \$3500
overpaymentMailing Address 1316 N. Campbell
Suite 6City State ZIP Code
Royal Oak MI 48067

Outstanding Balance Beginning This Period

100.00

Transaction ID: SD9.4134

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 GiragosianNature of Debt (Purpose):
repayment of 7/26/02 \$3500
overpaymentMailing Address 1316 N. Campbell
Suite 6City State ZIP Code
Royal Oak MI 48067

Outstanding Balance Beginning This Period

100.00

Transaction ID: SD9.4135

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mida GiragosianNature of Debt (Purpose):
repayment of 7/26/02 \$3500
overpaymentMailing Address 1316 N. Campbell
Suite 6City State ZIP Code
Royal Oak MI 48067

Outstanding Balance Beginning This Period

100.00

Transaction ID: SD9.4136

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

1) SUBTOTALS This Period This Page (optional).....

300.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 / 17

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

ARMENIAN AMERICAN PAC (ARMENPAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mida GiragosianNature of Debt (Purpose):
repayment of 7/26/02 \$3500
overpaymentMailing Address 1316 N. Campbell
Suite 6City State ZIP Code
Royal Oak MI 48067

Outstanding Balance Beginning This Period

100.00

Transaction ID: SD9.4137

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 GiragosianNature of Debt (Purpose):
repayment of 7/26/02 \$3500
overpaymentMailing Address 1316 N. Campbell
Suite 6City State ZIP Code
Royal Oak MI 48067

Outstanding Balance Beginning This Period

600.00

Transaction ID: SD9.4138

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 GiragosianNature of Debt (Purpose):
repayment of 7/26/02 \$3500
overpaymentMailing Address 1316 N. Campbell
Suite 6City State ZIP Code
Royal Oak MI 48067

Outstanding Balance Beginning This Period

200.00

Transaction ID: SD9.4139

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