

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 07 2006 in the State of \_\_\_\_\_

5. Covering Period 10 01 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Dr. Sarkis Kechejian

Signature of Treasurer Electronically Filed by Dr. Sarkis Kechejian Date 12 03 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
ARMENIAN AMERICAN PAC (ARMENPAC)

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		92053.18
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	52389.40									
(c) Total Receipts (from Line 19) .....	2835.00	53241.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	55224.40	145294.75								
7. Total Disbursements (from Line 31) .....	15140.99	105211.34								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	40083.41	40083.41								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	1900.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
ARMENIAN AMERICAN PAC (ARMENPAC)

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2735.00	51285.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	100.00	1955.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2835.00	53240.00
(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) .....	2835.00	53240.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	1.57
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2835.00	53241.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2835.00	53241.57

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	12769.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	12769.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	52573.85
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	9140.99	39868.14
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))..	15140.99	105211.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15140.99	105211.34

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	2835.00	53240.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2835.00	53240.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	12769.35
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	1.57
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	12767.78

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Jeff Andonian</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address City State Zip Code Carrollton TX 75010		Transaction ID: SA11A1.7561
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 485.00
Name of Employer AUTO ELECTRIC SYSTEMS	Occupation OWNER	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	

Full Name (Last, First, Middle Initial) <b>B. William Kubofcik</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address City State Zip Code Bloomington NJ 07403		Transaction ID: SA11A1.7559
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Prospect Realty	Occupation Broker/Owner	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Julie Kulhanjian Strauch</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 125 Guilford City State Zip Code Piedmont CA 94611		Transaction ID: SA11A1.7557
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2735.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	2735.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
BOB FILNER FOR CONGRESS

Mailing Address P.O. Box 127868

City San Diego State CA Zip Code 92112

Purpose of Disbursement  
House Candidate Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 51

Transaction ID: SB23.7564

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
DELAHUNT FOR CONGRESS COMMITTEE

Mailing Address 332 Victory Road

City Quincy State MA Zip Code 02171

Purpose of Disbursement  
House Candidate Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.7566

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
DOGGETT FOR US CONGRESS

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement  
House Candidate Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.7569

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JOE BACA</b>		<b>Transaction ID: SB23.7576</b>	
Mailing Address 555 Capitol Mall Suite 1425		Date of Disbursement 10 / 26 / 2006	
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement House Candidate Contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 43		

Full Name (Last, First, Middle Initial) <b>B. MALONEY FOR CONGRESS</b>		<b>Transaction ID: SB23.7567</b>	
Mailing Address 49 EAST 92ND STREET		Date of Disbursement 10 / 26 / 2006	
City NEW YORK	State NY	Zip Code 10128	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement House Candidate Contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY	District: 14		

Full Name (Last, First, Middle Initial) <b>C. MCCOTTER CONGRESSIONAL COMMITTEE</b>		<b>Transaction ID: SB23.7632</b>	
Mailing Address P.O. Box 530788		Date of Disbursement 10 / 09 / 2006	
City LIVONIA	State MI	Zip Code 48153	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement House Candidate Contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. SNOWE FOR SENATE</b>		<b>Transaction ID: SB23.7571</b> Date of Disbursement 10 / 26 / 2006
Mailing Address P.O. BOX 2006		Amount of Each Disbursement this Period 1000.00
City PORTLAND State ME Zip Code 04104	Purpose of Disbursement Senate Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. STEVE ROTHMAN FOR NEW JERSEY INC.</b>		<b>Transaction ID: SB23.7575</b> Date of Disbursement 10 / 26 / 2006
Mailing Address P.O. Box 714		Amount of Each Disbursement this Period 1000.00
City Hackensack State NJ Zip Code 07602	Purpose of Disbursement House Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. TOM ALLEN FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.7573</b> Date of Disbursement 10 / 26 / 2006
Mailing Address 85 PREBLE STREET PO BOX 17766		Amount of Each Disbursement this Period 500.00
City PORTLAND State ME Zip Code 04112	Purpose of Disbursement House Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>6000.00</b>

**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 10 / 19

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

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

Full Name (Last, First, Middle Initial) <b>A. Jason Parris Capizzi, Esq.</b>		<b>Transaction ID: SB29.7597</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 2083.33
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Jason Parris Capizzi, Esq.</b>		<b>Transaction ID: SB29.7611</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 148.17
City New Milford State NJ Zip Code 07646	Purpose of Disbursement office expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Jason Parris Capizzi, Esq.</b>		<b>Transaction ID: SB29.7601</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 496.81
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2728.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 19

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

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

Full Name (Last, First, Middle Initial) <b>A. Jason Parris Capizzi, Esq.</b>		<b>Transaction ID: SB29.7599</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 2083.33	
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other		

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		<b>Transaction ID: SB29.7627</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address P.O. BOX 94515		Amount of Each Disbursement this Period 173.55	
City PALATINE State IL Zip Code 60094	Purpose of Disbursement Office Expenses Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other		

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		<b>Transaction ID: SB29.7629</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address P.O. BOX 94515		Amount of Each Disbursement this Period 37.08	
City PALATINE State IL Zip Code 60094	Purpose of Disbursement Office Expenses Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2293.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 19

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

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

Full Name (Last, First, Middle Initial) <b>A. NATALIE GABRELIAN</b>		<b>Transaction ID: SB29.7615</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 82-86 61ST DRIVE		Amount of Each Disbursement this Period 150.00
City MIDDLE VILLAGE State NY Zip Code 11379	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. NATALIE GABRELIAN</b>		<b>Transaction ID: SB29.7617</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 82-86 61ST DRIVE		Amount of Each Disbursement this Period 100.00
City MIDDLE VILLAGE State NY Zip Code 11379	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Sarin Hacatoryan</b>		<b>Transaction ID: SB29.7613</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 9 Seyne		Amount of Each Disbursement this Period 450.00
City Newport Coast State CA Zip Code 92657	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. LABEL &amp; LISTS INC.</b>		<b>Transaction ID: SB29.7623</b> Date of Disbursement																					
Mailing Address 2500-116TH AVENUE NE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	9		2	0	0	6														
City BELLEVUE	State WA	Zip Code 98004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Expenses		Category/ Type	2326.77																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	2006																					
State: District:	other																						

Full Name (Last, First, Middle Initial) <b>B. LABEL &amp; LISTS INC.</b>		<b>Transaction ID: SB29.7621</b> Date of Disbursement																					
Mailing Address 2500-116TH AVENUE NE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	7		2	0	0	6														
City BELLEVUE	State WA	Zip Code 98004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Expenses		Category/ Type	203.43																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	2006																					
State: District:	other																						

Full Name (Last, First, Middle Initial) <b>C. Nor Gyank</b>		<b>Transaction ID: SB29.7619</b> Date of Disbursement																					
Mailing Address P.O. Box 1694		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	5		2	0	0	6														
City Glendale	State CA	Zip Code 92109	Amount of Each Disbursement this Period																				
Purpose of Disbursement public relations		Category/ Type	105.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	2006																					
State: District:	other																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2635.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Shovi Webb Designs</b>		<b>Transaction ID: SB29.7607</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 263.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Shovi Webb Designs</b>		<b>Transaction ID: SB29.7609</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 214.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. ROXANNE TASHJIAN</b>		<b>Transaction ID: SB29.7631</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 181 Reservoir Avenue		Amount of Each Disbursement this Period 150.00
City River Edge State NJ Zip Code 07661	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	627.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 19

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

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

Full Name (Last, First, Middle Initial) <b>A. The Armenian Mirror Spectator</b>		<b>Transaction ID: SB29.7633</b> Date of Disbursement
Mailing Address 755 MOUNT AUBURN STREET		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City WATERTOWN	State MA	Zip Code 02472
Purpose of Disbursement Public Relations	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="70.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	other	

Full Name (Last, First, Middle Initial) <b>B. THE CONFERENCE GROUP</b>		<b>Transaction ID: SB29.7625</b> Date of Disbursement
Mailing Address 254 CHAPMAN ROAD TOPKIS BUILDING SUITE 200		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City NEWARK	State DE	Zip Code 19702
Purpose of Disbursement Office Expenses	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="86.52"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="156.52"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="9140.99"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

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

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

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

Outstanding Balance Beginning This Period	<b>Transaction ID: SD9.6021</b>	
200.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	200.00

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

Outstanding Balance Beginning This Period	<b>Transaction ID: SD9.5944</b>	
300.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	300.00

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

Outstanding Balance Beginning This Period	<b>Transaction ID: SD9.6072</b>	
200.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	200.00

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



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 17 / 19	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	<b>Transaction ID: SD9.6542</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	<b>Transaction ID: SD9.6543</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	<b>Transaction ID: SD9.6544</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

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

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

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

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

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

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

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

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

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

**Image# 26940614495**

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

Transaction ID: **SD9.6021**

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

\*\*\*\*\*