

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Sarkis J. Kechejian

Signature of Treasurer Electronically Filed by Dr. Sarkis J. Kechejian Date 07 22 2007

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
ARMENIAN AMERICAN PAC (ARMENPAC)

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		36072.71
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	36072.71									
(c) Total Receipts (from Line 19) .....	30124.00	30124.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	66196.71	66196.71								
7. Total Disbursements (from Line 31) .....	28327.36	28327.36								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	37869.35	37869.35								
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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	28299.00	28299.00
(i) Itemized (use Schedule A) .....	1825.00	1825.00
(ii) Unitemized .....	30124.00	30124.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	30124.00	30124.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	30124.00	30124.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	30124.00	30124.00

**DETAILED SUMMARY PAGE**

of Disbursements

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	4500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	23827.36	23827.36
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))..	28327.36	28327.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	28327.36	28327.36

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	30124.00	30124.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30124.00	30124.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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.</b> Mr. Aram Adourian		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 11 Bartkus Farm Road		<b>Transaction ID:</b> SA11A1.7687	
City State Zip Code Concord MA 01742	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Beyond Genomics Inc.	Occupation Scientist		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Hirant Candan		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 88-30 51st Avenue		<b>Transaction ID:</b> SA11A1.7685	
City State Zip Code Flushing NY 11373	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Armco Mgmt. Co.	Occupation Real Estate Mgmt		
Receipt For: 2007 <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.</b> James E. Cecchi		Date of Receipt M M / D D / Y Y Y Y 01 / 18 / 2007	
Mailing Address 8 Rensselaer Road		<b>Transaction ID:</b> SA11A1.7844	
City State Zip Code Essex Fells NJ 07021	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Carella, Byrrie	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Honorable George Deukmejian</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 5366 East Broadway		<b>Transaction ID: SA11A1.7690</b>	
City State Zip Code Long Beach CA 90803	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Edgar Hagopian</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 850 S. Old Woodward		<b>Transaction ID: SA11A1.7683</b>	
City State Zip Code Birmingham MI 48009	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Owner Hagopian House of Rugs Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Sarkis Kechejian</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 05 / 2007	
Mailing Address 421 E. Airport Freeway Suite 201		<b>Transaction ID: SA11A1.7682</b>	
City State Zip Code Irving TX 75062	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chairman K Clinic Associated Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Peter Kezirian, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 300 S Allen Ave		Transaction ID: SA11A1.7696	
City Pasadena	State CA	Zip Code 91106	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CAP-MPT	Occupation VP		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. & Mrs. Leon Kircik		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7	
Mailing Address 7202 Hunters Run Dr.		Transaction ID: SA11A1.7697	
City Louisville	State KY	Zip Code 40059	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Physician		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Barbara Peters		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address 22 Hillcrest Drive		Transaction ID: SA11A1.7700	
City Great Neck	State NY	Zip Code 11021	Amount of Each Receipt this Period 499.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Homemaker		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5749.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. David Sahagian		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 49 Hunting Rd.		Transaction ID: SA11A1.7701
City State Zip Code Needham MA 02494	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Computer Software Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Daniel Sahakian		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address P.O. Box 649		Transaction ID: SA11A1.7843
City State Zip Code State College PA 16804	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Annie Totah		Date of Receipt M M / D D / Y Y Y Y 01 / 23 / 2007
Mailing Address 11500 Highland Farm Road		Transaction ID: SA11A1.7709
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Harutun Vaporciyan

Mailing Address 25507 Hereford

City State Zip Code  
Huntington Woods MI 48070

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

Name of Employer Occupation  
Retired

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
 Other

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 7

**Transaction ID:** SA11A1.7710

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2679 Sunnyknoll

City State Zip Code  
Berkley MI 48072

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

Name of Employer Occupation  
Retired

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
 Other

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 7

**Transaction ID:** SA11A1.7711

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	28299.00

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

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

FOR LINE NUMBER:  
(check only one)

<input 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. CROWLEY FOR CONGRESS</b>		<b>Transaction ID: SB23.7729</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 84-56 GRAND AVENUE		Amount of Each Disbursement this Period 1000.00
City ELMHURST State NY Zip Code 11373	Purpose of Disbursement House Candidate Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. LOT OF PEOPLE FOR DAVE OBEY</b>		<b>Transaction ID: SB23.7725</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 525 WASHINGTON ST PO BOX 1322		Amount of Each Disbursement this Period 1000.00
City WAUSAU State WI Zip Code 54402	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: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. MCCONNELL SENATE COMMITTEE '08</b>		<b>Transaction ID: SB23.7726</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address PO BOX 1496		Amount of Each Disbursement this Period 1250.00
City LOUISVILLE State KY Zip Code 40201	Purpose of Disbursement Senate Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3250.00</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)

PAGE 12 / 32

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

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

Full Name (Last, First, Middle Initial) <b>A. MCCONNELL SENATE COMMITTEE '08</b>		Transaction ID: SB23.7846 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address PO BOX 1496		Amount of Each Disbursement this Period 250.00  <b>[MEMO ITEM]</b>
City LOUISVILLE State KY Zip Code 40201		
Purpose of Disbursement Senate Campaign Contribution Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MCCONNELL SENATE COMMITTEE '08</b>		Transaction ID: SB23.7848 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address PO BOX 1496		Amount of Each Disbursement this Period 1250.00  <b>[MEMO ITEM]</b>
City LOUISVILLE State KY Zip Code 40201		
Purpose of Disbursement Senate Campaign Contribution Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MCCONNELL SENATE COMMITTEE '08</b>		Transaction ID: SB23.7849 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address PO BOX 1496		Amount of Each Disbursement this Period 250.00
City LOUISVILLE State KY Zip Code 40201		
Purpose of Disbursement Senate Campaign Contribution Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 32

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

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

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

A. Full Name (Last, First, Middle Initial)  
SHERMAN FOR CONGRESS

Mailing Address 555 SO.FLOWER ST. SUITE 4210

City State Zip Code  
LOS ANGELES CA 90071

Purpose of Disbursement  
House Candidate Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.7728

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

4500.00

**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 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. Armenian Assembly of America</b>		<b>Transaction ID: SB29.7837</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 1140 19th Street Suite 600		Amount of Each Disbursement this Period 602.10
City Washington State DC Zip Code 20036	Purpose of Disbursement Commemoration Event Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. ARMENIAN COMMUNITY CENTER</b>		<b>Transaction ID: SB29.7791</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address 19310 FORD ROAD SUITE 1		Amount of Each Disbursement this Period 200.00
City DEARBORN State MI Zip Code 48128	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: 2007 <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. Armenian Reporter</b>		<b>Transaction ID: SB29.7836</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address Post Office Box 129		Amount of Each Disbursement this Period 75.00
City Paramus State NJ Zip Code 07653	Purpose of Disbursement Public Relations Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	877.10
<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Michael Beranek</p>		<p><b>Transaction ID:</b> SB29.7793 <b>Date of Disbursement</b></p>	
<p>Mailing Address 540 Natali St</p>		<p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>	
<p>City Austin</p>	<p>State TX</p>	<p>Zip Code 78748</p>	
<p>Purpose of Disbursement Administration/Consulting</p>		<p>Amount of Each Disbursement this Period</p>	
<p>Candidate Name</p>		<p><input type="text" value="255.00"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		<p>other</p>	

<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Michael Beranek</p>		<p><b>Transaction ID:</b> SB29.7805 <b>Date of Disbursement</b></p>	
<p>Mailing Address 540 Natali St</p>		<p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>	
<p>City Austin</p>	<p>State TX</p>	<p>Zip Code 78748</p>	
<p>Purpose of Disbursement Administration/Consulting</p>		<p>Amount of Each Disbursement this Period</p>	
<p>Candidate Name</p>		<p><input type="text" value="382.50"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		<p>other</p>	

<p><b>C.</b> Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p><b>Transaction ID:</b> SB29.7769 <b>Date of Disbursement</b></p>	
<p>Mailing Address 219 Virginia Avenue</p>		<p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p>	
<p>City New Milford</p>	<p>State NJ</p>	<p>Zip Code 07646</p>	
<p>Purpose of Disbursement Administration/Consulting</p>		<p>Amount of Each Disbursement this Period</p>	
<p>Candidate Name</p>		<p><input type="text" value="477.78"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		<p>other</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1115.28"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 32

<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p> <p>Mailing Address 219 Virginia Avenue</p> <p>City New Milford State NJ Zip Code 07646</p> <p>Purpose of Disbursement Administration/Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other</p>		<p><b>Transaction ID:</b> SB29.7771</p> <p>Date of Disbursement 01 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 2916.67</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p> <p>Mailing Address 219 Virginia Avenue</p> <p>City New Milford State NJ Zip Code 07646</p> <p>Purpose of Disbursement Administration/Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other</p>		<p><b>Transaction ID:</b> SB29.7781</p> <p>Date of Disbursement 02 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 1458.34</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p> <p>Mailing Address 219 Virginia Avenue</p> <p>City New Milford State NJ Zip Code 07646</p> <p>Purpose of Disbursement Administration/Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other</p>		<p><b>Transaction ID:</b> SB29.7783</p> <p>Date of Disbursement 02 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 650.73</p> <p>Category/Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5025.74</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. Jason Parris Capizzi, Esq.</b>		Transaction ID: SB29.7786 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1458.34
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: 2007 <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>		Transaction ID: SB29.7795 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1458.34
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: 2007 <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>		Transaction ID: SB29.7799 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 188.29
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: 2007 <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) ..... ▶	3104.97
<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p><b>Transaction ID:</b> SB29.7801 <b>Date of Disbursement</b></p>	
<p>Mailing Address 219 Virginia Avenue</p>		<p><input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2007"/></p>	
<p>City New Milford</p>	<p>State NJ</p>	<p>Amount of Each Disbursement this Period</p>	
<p>Zip Code 07646</p>		<p><input type="text" value="1458.34"/></p>	
<p>Purpose of Disbursement Administration/Consulting</p>		<p>Category/Type</p>	
<p>Candidate Name</p>		<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	
<p>State: District:</p>		<p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	
<p>other</p>			

<p><b>B.</b> Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p><b>Transaction ID:</b> SB29.7803 <b>Date of Disbursement</b></p>	
<p>Mailing Address 219 Virginia Avenue</p>		<p><input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2007"/></p>	
<p>City New Milford</p>	<p>State NJ</p>	<p>Amount of Each Disbursement this Period</p>	
<p>Zip Code 07646</p>		<p><input type="text" value="321.78"/></p>	
<p>Purpose of Disbursement Administration/Consulting</p>		<p>Category/Type</p>	
<p>Candidate Name</p>		<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	
<p>State: District:</p>		<p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	
<p>other</p>			

<p><b>C.</b> Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p><b>Transaction ID:</b> SB29.7807 <b>Date of Disbursement</b></p>	
<p>Mailing Address 219 Virginia Avenue</p>		<p><input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2007"/></p>	
<p>City New Milford</p>	<p>State NJ</p>	<p>Amount of Each Disbursement this Period</p>	
<p>Zip Code 07646</p>		<p><input type="text" value="1458.34"/></p>	
<p>Purpose of Disbursement Administration/Consulting</p>		<p>Category/Type</p>	
<p>Candidate Name</p>		<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	
<p>State: District:</p>		<p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	
<p>other</p>			

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3238.46"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

**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 19 / 32

<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: SB29.7811</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1458.34
City 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: 2007 <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: SB29.7813</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 207.93
City 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: 2007 <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: SB29.7815</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1458.34
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: 2007 <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) ..... ▶	3124.61
<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p><b>Transaction ID:</b> SB29.7819 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		3	1		2	0	0	7														
<p>Mailing Address 219 Virginia Avenue</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>1458.34</td> </tr> </table> </p>		1458.34																			
1458.34																							
<p>City New Milford State NJ Zip Code 07646</p>	<p>Purpose of Disbursement Administration/Consulting</p>	<p>Category/Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼                  State: District: other</p>																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p><b>Transaction ID:</b> SB29.7821 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		3	1		2	0	0	7														
<p>Mailing Address 219 Virginia Avenue</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>928.10</td> </tr> </table> </p>		928.10																			
928.10																							
<p>City New Milford State NJ Zip Code 07646</p>	<p>Purpose of Disbursement Administration/Consulting</p>	<p>Category/Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼                  State: District: other</p>																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p><b>Transaction ID:</b> SB29.7823 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	7														
<p>Mailing Address 219 Virginia Avenue</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>1458.34</td> </tr> </table> </p>		1458.34																			
1458.34																							
<p>City New Milford State NJ Zip Code 07646</p>	<p>Purpose of Disbursement Administration/Consulting</p>	<p>Category/Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼                  State: District: other</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>3844.78</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Jason Parris Capizzi, Esq.</b>		Transaction ID: SB29.7827 Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1458.34	
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: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other		

Full Name (Last, First, Middle Initial) <b>B. Catania Facher</b>		Transaction ID: SB29.7831 Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 1 West Street Apt. 2427		Amount of Each Disbursement this Period 75.00	
City New York State NY Zip Code 10004	Purpose of Disbursement Administrative / Consulting Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other		

Full Name (Last, First, Middle Initial) <b>C. NATALIE GABRELIAN</b>		Transaction ID: SB29.7777 Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2007	
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	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1633.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Erin MacAvoy</b>		<b>Transaction ID: SB29.7829</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 100 East Hartsdale Avenue Apt. 3CW		Amount of Each Disbursement this Period 75.00	
City Hartsdale State NY Zip Code 10530	Purpose of Disbursement Administrative / Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	

Full Name (Last, First, Middle Initial) <b>B. NOR GYANK</b>		<b>Transaction ID: SB29.7775</b> Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2007	
Mailing Address P.O. BOX 1694		Amount of Each Disbursement this Period 120.00	
City GLENDALE State CA Zip Code 91209	Purpose of Disbursement Public Relations	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	

Full Name (Last, First, Middle Initial) <b>C. NOR GYANK</b>		<b>Transaction ID: SB29.7779</b> Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2007	
Mailing Address P.O. BOX 1694		Amount of Each Disbursement this Period 140.00	
City GLENDALE State CA Zip Code 91209	Purpose of Disbursement Public Relations	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	335.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Shovi Webb Designs</b>		<b>Transaction ID: SB29.7773</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
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: 2007 <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: SB29.7785</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
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: 2007 <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. Shovi Webb Designs</b>		<b>Transaction ID: SB29.7797</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
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: 2007 <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) ..... ▶	642.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Shovi Webb Designs</b>		<b>Transaction ID: SB29.7809</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
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: 2007 <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: SB29.7817</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
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: 2007 <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. Shovi Webb Designs</b>		<b>Transaction ID: SB29.7825</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
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: 2007 <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) ..... ▶	642.00
<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. THE CONFERENCE GROUP</b>		Transaction ID: SB29.7762 Date of Disbursement MM / DD / YYYY 02 / 21 / 2007
Mailing Address 254 CHAPMAN ROAD TOPKIS BUILDING SUITE 200		Amount of Each Disbursement this Period 78.72
City NEWARK State DE Zip Code 19702	Purpose of Disbursement Telephone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. THE CONFERENCE GROUP</b>		Transaction ID: SB29.7764 Date of Disbursement MM / DD / YYYY 04 / 10 / 2007
Mailing Address 254 CHAPMAN ROAD TOPKIS BUILDING SUITE 200		Amount of Each Disbursement this Period 43.80
City NEWARK State DE Zip Code 19702	Purpose of Disbursement Telephone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. THE CONFERENCE GROUP</b>		Transaction ID: SB29.7766 Date of Disbursement MM / DD / YYYY 06 / 12 / 2007
Mailing Address 254 CHAPMAN ROAD TOPKIS BUILDING SUITE 200		Amount of Each Disbursement this Period 46.56
City NEWARK State DE Zip Code 19702	Purpose of Disbursement Telephone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	169.08
<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)

A. Full Name (Last, First, Middle Initial)  
Joan Toro-Herrera

Mailing Address 1087 Bromley Avenue

City State Zip Code  
Teaneck NJ 07666

Purpose of Disbursement  
Administrative / Consulting

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: District:

other

Transaction ID: SB29.7833

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)

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)

FOR LINE NUMBER: (check only one)

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

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

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

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

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

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

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

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

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

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 200.00	<b>Transaction ID:</b> SD9.7596	
Amount Incurred This Period 0.00	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# 27990344516

Form/Schedule: **SB23** Check # 2285, dated 6/19/07, made payable to McConnell Senate Committee, was issued in the amount of \$1,500.00;  
Transaction ID: **SB23.7726** \$1,250.00 of this contribution is allocated for the primary election, and \$250.00 of this contribution is allocated for the general election

Form/Schedule: **SB23** Check # 2285, dated 6/19/07, made payable to McConnell Senate Committee, was issued in the amount of \$1,500.00;  
Transaction ID: **SB23.7846** \$1,250.00 of this contribution is allocated for the primary election, and \$250.00 of this contribution is allocated for the general election

\*\*\*\*\*

Image# 27990344517

Form/Schedule: **SB23** Check # 2285, dated 6/19/07, made payable to McConnell Senate Committee, was issued in the amount of \$1,500.00;  
Transaction ID: **SB23.7848** \$1,250.00 of this contribution is allocated for the primary election, and \$250.00 of this contribution is allocated for the general election

Form/Schedule: **SB23** Check # 2285, dated 6/19/07, made payable to McConnell Senate Committee, was issued in the amount of \$1,500.00;  
Transaction ID: **SB23.7849** \$1,250.00 of this contribution is allocated for the primary election, and \$250.00 of this contribution is allocated for the general election

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**Image# 27990344518**

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.

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