

# 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 National Committee PAC

ADDRESS (number and street) 1212 S Victory Bl  
 Check if different than previously reported. (ACC)  
Burbank CA 91502

2. **FEC IDENTIFICATION NUMBER** C00146969  
**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 (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 02 2010 in the State of CA

5. Covering Period 10 14 2010 through 11 22 2010

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 Kinde Durkee

Signature of Treasurer Electronically Filed by Kinde Durkee Date 11 23 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Armenian National Committee PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		2798.04
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	1196.70									
(c) Total Receipts (from Line 19) .....	16505.00	28461.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	17701.70	31259.49								
7. Total Disbursements (from Line 31) .....	14528.21	28086.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3173.49	3173.49								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	5242.52									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Armenian National Committee PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	9500.00	19550.00
(ii) Unitemized .....	3245.00	4740.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12745.00	24290.00
(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) .....	12745.00	24290.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	3000.00	3000.00
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) .....	760.00	1171.45
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	760.00	1171.45
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	16505.00	28461.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15745.00	27290.00

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	312.51	1225.73
(ii) Non-Federal Share.....	312.50	1225.72
(b) Other Federal Operating Expenditures.....	253.20	2284.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	878.21	4736.00
22. Transfers to Affiliated/Other Party Committees.....	650.00	650.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	22700.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14528.21	28086.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14215.71	26860.28

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	12745.00	24290.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12745.00	24290.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	565.71	3510.28
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	565.71	3510.28

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<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 National Committee PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Anita A Altounian	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 6208 Stanford Way	<b>Transaction ID:</b> SA11ai00000000771567
	City State Zip Code Whittier CA 90601	Amount of Each Receipt this Period 3500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 3500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Harry Ayvazian	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 3760 Beverly Ridge Dr	<b>Transaction ID:</b> SA11ai00000000768329
	City State Zip Code Sherman Oaks CA 91423	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ayvazian Realty Management Occupation Property Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephan Boyajian	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 830 W Whittier Bl	<b>Transaction ID:</b> SA11ai00000000771609
	City State Zip Code Montebello CA 90640	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Shak Enterprisés Occupation Business Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 24</span>
	(check only one)
<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 National Committee PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Kelley Buechel	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 22 River Terrace #24G	<b>Transaction ID:</b> SA11ai00000000768330
	City State Zip Code New York NY 10282	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Sailor LLC Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) George Gemayel	Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address 3 Rocky Point Rd	<b>Transaction ID:</b> SA11ai00000000772323
	City State Zip Code Corona Del Mar CA 92625	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation N/A Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Berdj Karapetian	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 1623 Ben Lomond Dr	<b>Transaction ID:</b> SA11ai00000000768331
	City State Zip Code Glendale CA 91202	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HiChoice Health Care Inc Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 24
	<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 National Committee PAC

**A.** Full Name (Last, First, Middle Initial)  
Nick P Karapetian

Mailing Address 2229 Canalda Dr

City State Zip Code  
La Canada Flintrid CA 91011

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

Name of Employer Attorney Network Occupation Recruiter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
10 / 27 / 2010

**Transaction ID:** SA11ai00000000770912

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mary Karapetian

Mailing Address 1623 Ben Lomond Dr

City State Zip Code  
Glendale CA 91202

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

Name of Employer Hichoice Health Care Inc Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
11 / 01 / 2010

**Transaction ID:** SA11ai00000000772326

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Berdj Karapetian

Mailing Address 1623 Ben Lomond Dr

City State Zip Code  
Glendale CA 91202

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

Name of Employer HiChoice Health Care Inc Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4850.00

Date of Receipt MM / DD / YYYY  
11 / 01 / 2010

**Transaction ID:** SA11ai00000000772328

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 9 / 24</span>
	(check only one)
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Armenian National Committee PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Berdj Karapetian</p> <p>Mailing Address 1623 Ben Lomond Dr</p> <p>City State Zip Code Glendale CA 91202</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation HiChoice Health Care Inc Consultant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 4850.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 01 / 2010</p> <p><b>Transaction ID:</b> SA11ai00000000772332</p> <p>Amount of Each Receipt this Period 50.00</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Murad M Minasian</p> <p>Mailing Address 1000 W Madison</p> <p>City State Zip Code Montebello CA 90640</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Levi Strauss Co Sales</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 950.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 29 / 2010</p> <p><b>Transaction ID:</b> SA11ai00000000771570</p> <p>Amount of Each Receipt this Period 700.00</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Aron Petrosian</p> <p>Mailing Address 3210 Pozo Dr</p> <p>City State Zip Code Hacienda Heights CA 91745</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Commercial Waste Services Owner</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 29 / 2010</p> <p><b>Transaction ID:</b> SA11ai00000000771571</p> <p>Amount of Each Receipt this Period 400.00</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p>1150.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 24  
(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 National Committee PAC

**A.** Full Name (Last, First, Middle Initial)  
Alex Sardar

Mailing Address 555 W Wilson Ave #18

City State Zip Code  
Glendale CA 91203

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

Name of Employer Occupation  
N/A Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: SA11ai00000000772322

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 11 / 24</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input checked="" 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 National Committee PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mary Karapetian

Mailing Address 1623 Ben Lomond Dr

City State Zip Code  
Glendale CA 91202

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

Name of Employer Occupation  
HiChoice Health Care Inc Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2010

**Transaction ID:** SA130000000000772325

Amount of Each Receipt this Period  
1500.00

**B.**

Full Name (Last, First, Middle Initial)  
Berdj Karapetian

Mailing Address 1623 Ben Lomond Dr

City State Zip Code  
Glendale CA 91202

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

Name of Employer Occupation  
HiChoice Health Care Inc Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4850.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2010

**Transaction ID:** SA130000000000772327

Amount of Each Receipt this Period  
1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3000.00</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)

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

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NAME OF COMMITTEE (In Full)  
Armenian National Committee PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) United Merchant Services/D&amp;A</p> <p>Mailing Address 750 Fairmont Ave #201</p> <p>City Glendale State CA Zip Code 91203</p> <p>Purpose of Disbursement Credit Card Processing Fee</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21b000000000767587</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 32.50</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) United Merchant Services/D&amp;A</p> <p>Mailing Address 750 Fairmont Ave #201</p> <p>City Glendale State CA Zip Code 91203</p> <p>Purpose of Disbursement Credit Card Processing Fee</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21b000000000768328</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 133.55</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) United Merchant Services/D&amp;A</p> <p>Mailing Address 750 Fairmont Ave #201</p> <p>City Glendale State CA Zip Code 91203</p> <p>Purpose of Disbursement Credit Card Processing Fee</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21b000000000768957</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 11.45</p> <p>001 Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>177.50</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)

PAGE 13 / 24

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

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

NAME OF COMMITTEE (In Full)  
Armenian National Committee PAC

<b>A.</b> Full Name (Last, First, Middle Initial) United Merchant Services/D&A <hr/> Mailing Address 750 Fairmont Ave #201 <hr/> City Glendale State CA Zip Code 91203 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name	Transaction ID: SB21b000000000769071 Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 2.60
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
<b>B.</b> Full Name (Last, First, Middle Initial) United Merchant Services/D&A <hr/> Mailing Address 750 Fairmont Ave #201 <hr/> City Glendale State CA Zip Code 91203 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name	Transaction ID: SB21b000000000770072 Date of Disbursement 10 / 25 / 2010
	Amount of Each Disbursement this Period 6.95
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
<b>C.</b> Full Name (Last, First, Middle Initial) United Merchant Services/D&A <hr/> Mailing Address 750 Fairmont Ave #201 <hr/> City Glendale State CA Zip Code 91203 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name	Transaction ID: SB21b000000000771624 Date of Disbursement 10 / 29 / 2010
	Amount of Each Disbursement this Period 41.70
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>51.25</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 14 / 24

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

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NAME OF COMMITTEE (In Full)  
Armenian National Committee PAC

<b>A.</b> Full Name (Last, First, Middle Initial) United Merchant Services/D&A <hr/> Mailing Address 750 Fairmont Ave #201 <hr/> City Glendale State CA Zip Code 91203 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name	Transaction ID: SB21b00000000771882 Date of Disbursement 10 / 29 / 2010
	Amount of Each Disbursement this Period 7.70
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 001
<b>B.</b> Full Name (Last, First, Middle Initial) United Merchant Services/D&A <hr/> Mailing Address 750 Fairmont Ave #201 <hr/> City Glendale State CA Zip Code 91203 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name	Transaction ID: SB21b00000000772334 Date of Disbursement 11 / 01 / 2010
	Amount of Each Disbursement this Period 16.75
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 001

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

24.45

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

253.20

**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 / 24

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

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NAME OF COMMITTEE (In Full)  
Armenian National Committee PAC

A.	Full Name (Last, First, Middle Initial) Armenian National Committee - St.	Transaction ID: SB22000000000772375																			
	Mailing Address 1212 S. Victory Blvd.	Date of Disbursement <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>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	1	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	1	/	2	0	1	0												
	City Burbank State CA Zip Code 91502	Amount of Each Disbursement this Period <table border="1"> <tr> <td>650.00</td> </tr> </table>	650.00																		
650.00																					
	Purpose of Disbursement Transfer	008 Category/ Type																			
	Candidate Name Armenian National Committee - St.																				
	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 type="checkbox"/> Other (specify) ▼																			
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>650.00</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 16 / 24

<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 National Committee PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee To Re-Elect Loretta Sanchez</p> <p>Mailing Address 1212 S Victory Bl</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name Loretta Sanchez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 47</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23000000000772376</p> <p>Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dan Lungren For Congress</p> <p>Mailing Address 9321 Silverbend Lane</p> <p>City Elk Grove State CA Zip Code 95624</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name Dan Lungren</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23000000000773055</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol St</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name Democratic Congressional Campaign Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23000000000771505</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>8000.00</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 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 National Committee PAC

A.

Full Name (Last, First, Middle Initial)  
Friends Of Joe Baca

Mailing Address 201 N. E Street, Ste. 102

City State Zip Code  
San Bernardino CA 92401

Purpose of Disbursement  
Political contribution

Candidate Name  
Joe Baca

Office Sought:  House  
 Senate  
 President  
State: CA District: 43

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23000000000771564  
Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

13000.00

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Armenian National Committee PAC

**Transaction ID:** SC/10000000000001676

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Berdj Karapetian - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1623 Ben Lomond Dr	
City Glendale State CA ZIP Code 91202	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 1 D D 0 1 Y Y Y Y 2 0 1 0		0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="1500.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Armenian National Committee PAC  
**Transaction ID: SC/10000000000001675**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Mary Karapetian - [PERSONAL FUNDS]		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1623 Ben Lomond Dr		
City Glendale	State CA	ZIP Code 91202

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 1 D D 0 1 Y Y Y Y 2 0 1 0		0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	1500.00
<b>TOTALS</b> This Period (last page in this line only) .....	3000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 / 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Armenian National Committee PAC

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Armenian Cultural Foundation	Nature of Debt (Purpose): Office Rent
Mailing Address 104 N Belmont St #300	
City State ZIP Code Glendale CA 91206	

Outstanding Balance Beginning This Period 1200.00	<b>Transaction ID:</b> SD100000000000008723	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1200.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Image Cube Design & Print	Nature of Debt (Purpose): Design costs
Mailing Address 3609 1/2 W Magnolia Bl	
City State ZIP Code Burbank CA 91505	

Outstanding Balance Beginning This Period 548.75	<b>Transaction ID:</b> SD100000000000009329	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 548.75

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Tchaghlasian, Ani	Nature of Debt (Purpose): Reimbursement of office expenses
Mailing Address 233 Miller Rd	
City State ZIP Code Mahwah NJ 07430	

Outstanding Balance Beginning This Period 493.77	<b>Transaction ID:</b> SD100000000000009145	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 493.77

1) <b>SUBTOTALS</b> This Period This Page (optional).....	2242.52
2) <b>TOTALS</b> This Period (last page this line number only).....	2242.52
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	3000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	5242.52

C. Form/Schedule : **SD10**

Delta Printing - \$530.00 FedEx Kinkos - \$11.77 US Postmaster - \$352.00

Transaction ID : **SD10000000000009145**

**METHOD OF ALLOCATION FOR:**

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)  
 Armenian National Committee PAC

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %  
 Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative  Generic Voter Drive  Public Communications Referencing Party Only

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 Armenian National Committee PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Armenian National Committee - St.	M M / D D / Y Y Y Y 10 / 19 / 2010	760.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	760.00	Transaction ID: H3000000000000003299
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	760.00
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	760.00

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Armenian National Committee PAC

**A. Full Name (Last, First, Middle Initial)**  
Durkee & Associates

Mailing Address  
1212 S. Victory Blvd.

City	State	Zip Code	001
Burbank	CA	91502	

Purpose of Disbursement: Professional accounting services	Category/ Type
	001

Activity or Event Identifier:  
Admin

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
2451.45

Date MM / DD / YYYY  
10 / 26 / 2010

Transaction ID: H4000000000000771506

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.30		62.30		124.60

**B. Full Name (Last, First, Middle Initial)**  
Durkee & Associates

Mailing Address  
1212 S. Victory Blvd.

City	State	Zip Code	001
Burbank	CA	91502	

Purpose of Disbursement: Professional accounting services	Category/ Type
	001

Activity or Event Identifier:  
Admin

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
2451.45

Date MM / DD / YYYY  
11 / 16 / 2010

Transaction ID: H4000000000000776149

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
250.21		250.20		500.41

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
312.51		312.50		625.01

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
312.51	312.50	625.01