

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 01 19 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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 TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	5542.52									

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

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

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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 / 25
	<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

A.	Full Name (Last, First, Middle Initial) Anita A Altounian		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 6208 Stanford Way		Transaction ID: SA11ai00000000771567		
	City Whittier	State CA	Zip Code 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.	Full Name (Last, First, Middle Initial) Harry Ayvazian		Date of Receipt MM / DD / YYYY 10 / 20 / 2010		
	Mailing Address 3760 Beverly Ridge Dr		Transaction ID: SA11ai00000000768329		
	City Sherman Oaks	State CA	Zip Code 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			

C.	Full Name (Last, First, Middle Initial) Stephan Boyajian		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 830 W Whittier Bl		Transaction ID: SA11ai00000000771609		
	City Montebello	State CA	Zip Code 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			

SUBTOTAL of Receipts This Page (optional)	▶	4750.00
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: (check only one)	PAGE 7 / 25
	<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) Kelley Buechel	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 22 River Terrace #24G	Transaction ID: 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.	Full Name (Last, First, Middle Initial) George Gemayel	Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address 3 Rocky Point Rd	Transaction ID: 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	

C.	Full Name (Last, First, Middle Initial) Berdj Karapetian	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 1623 Ben Lomond Dr	Transaction ID: 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	

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 25
(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)
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
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

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
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 1 0

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
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 1 0

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: (check only one)	PAGE 9 / 25
	<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) Berdj Karapetian	Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address 1623 Ben Lomond Dr	Transaction ID: SA11ai00000000772332
	City State Zip Code Glendale CA 91202	Amount of Each Receipt this Period 50.00
	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.	Full Name (Last, First, Middle Initial) Murad M Minasian	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 1000 W Madison	Transaction ID: SA11ai00000000771570
	City State Zip Code Montebello CA 90640	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Levi Strauss Co Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

C.	Full Name (Last, First, Middle Initial) Aron Petrosian	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 3210 Pozo Dr	Transaction ID: SA11ai00000000771571
	City State Zip Code Hacienda Heights CA 91745	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Commercial Waste Services Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 25	
	(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"/> 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		Date of Receipt																					
	Mailing Address 555 W Wilson Ave #18		<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	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	1	/	2	0	1	0														
	City	State	Zip Code		Transaction ID: SA11ai00000000772322																			
	Glendale	CA	91203																					
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
Name of Employer N/A		Occupation Student		250.00																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		250.00																						

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL 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:	PAGE 11 / 25
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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		Date of Receipt MM / DD / YYYY 11 / 01 / 2010
Mailing Address 1623 Ben Lomond Dr		Transaction ID: SA13000000000772325
City Glendale	State Zip Code CA 91202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer HiChoice Health Care Inc	Occupation Manager	Aggregate Year-to-Date ▼ 2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Berdj Karapetian		Date of Receipt MM / DD / YYYY 11 / 01 / 2010
Mailing Address 1623 Ben Lomond Dr		Transaction ID: SA13000000000772327
City Glendale	State Zip Code CA 91202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer HiChoice Health Care Inc	Occupation Consultant	Aggregate Year-to-Date ▼ 4850.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	3000.00

**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 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

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

SUBTOTAL of Disbursements This Page (optional) ▶	177.50
TOTAL 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)

<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

A. 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. 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:
C. 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:

SUBTOTAL of Disbursements This Page (optional)	51.25
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

PAGE 14 / 25

<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

A. 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 <hr/> Amount of Each Disbursement this Period 7.70
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 <hr/> Amount of Each Disbursement this Period 16.75

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 / 25

<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

Date of Disbursement

Mailing Address 1212 S. Victory Blvd.

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

650.00

Purpose of Disbursement
Transfer

008
Category/ Type

Candidate Name
Armenian National Committee - St.

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

650.00

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

650.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 25

<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>A. 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 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>Transaction ID: 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. 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 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>Transaction ID: 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>C. 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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 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>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Armenian 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

LOAN SOURCE 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 1500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred MM DD YY 11 01 2010	Date Due	Interest Rate 0 % (apr)	Secured: <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: []

SUBTOTALS This Period This Page (optional)	▶	1500.00
TOTALS This Period (last page in this line only)	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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

LOAN SOURCE 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: <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"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1500.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Armenian National Committee PAC

A. 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 Glendale	State CA	ZIP Code 91206	

Outstanding Balance Beginning This Period 1200.00		Transaction ID: SD10000000000008723	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1200.00	

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 Burbank	State CA	ZIP Code 91505	

Outstanding Balance Beginning This Period 548.75		Transaction ID: SD10000000000009329	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 548.75	

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

Outstanding Balance Beginning This Period 300.00		Transaction ID: SD10000000000009874	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 300.00	

1) SUBTOTALS This Period This Page (optional).....	2048.75
2) TOTALS This Period (last page this line number only).....	[]
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	[]
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	[]

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 / 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Armenian National Committee PAC

A. 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 Mahwah	State NJ	ZIP Code 07430	

Outstanding Balance Beginning This Period		Transaction ID: SD10000000000009145	
493.77			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	493.77	

1) SUBTOTALS This Period This Page (optional).....	493.77
2) TOTALS This Period (last page this line number only).....	2542.52
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	3000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	5542.52

A. 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

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	760.00
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL 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			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1212 S. Victory Blvd.			Allocated Activity or Event Year-To-Date 2451.45	
City Burbank	State CA	Zip Code 91502	Date <input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>	
Purpose of Disbursement: Professional accounting services			Transaction ID: H4000000000000771506	
Activity or Event Identifier: Admin				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.30		62.30		124.60

B. Full Name (Last, First, Middle Initial) Durkee & Associates			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1212 S. Victory Blvd.			Allocated Activity or Event Year-To-Date 2451.45	
City Burbank	State CA	Zip Code 91502	Date <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>	
Purpose of Disbursement: Professional accounting services			Transaction ID: H4000000000000776149	
Activity or Event Identifier: Admin				

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