

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) 104 North Belmont Suite 200B
 Check if different than previously reported. (ACC)
Glendale CA 91206

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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 03 31 2009

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

Type or Print Name of Treasurer Armen Martin

Signature of Treasurer Electronically Filed by Armen Martin Date 04 15 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Armenian National Committee PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">209.92</td></tr></table>	209.92
Y	Y	Y	Y									
2	0	0	9									
209.92												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">209.92</td></tr></table>	209.92										
209.92												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">6496.80</td></tr></table>	6496.80	<table border="1" style="width: 100%;"><tr><td align="right">6496.80</td></tr></table>	6496.80								
6496.80												
6496.80												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">6706.72</td></tr></table>	6706.72	<table border="1" style="width: 100%;"><tr><td align="right">6706.72</td></tr></table>	6706.72								
6706.72												
6706.72												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">6626.37</td></tr></table>	6626.37	<table border="1" style="width: 100%;"><tr><td align="right">6626.37</td></tr></table>	6626.37								
6626.37												
6626.37												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">80.35</td></tr></table>	80.35	<table border="1" style="width: 100%;"><tr><td align="right">80.35</td></tr></table>	80.35								
80.35												
80.35												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">3700.00</td></tr></table>	3700.00										
3700.00												

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 National Committee PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2855.00	2855.00
(i) Itemized (use Schedule A)	3641.80	3641.80
(ii) Unitemized	6496.80	6496.80
(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)	6496.80	6496.80
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))	6496.80	6496.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6496.80	6496.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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.....	5000.00	5000.00
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.....	1626.37	1626.37
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))..	6626.37	6626.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6626.37	6626.37

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	6496.80	6496.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6496.80	6496.80
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Mher Hedeshian

Mailing Address 394 4th Street, #3

City State Zip Code
Brooklyn NY 11215

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

Name of Employer Self Employed Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	0	9

Transaction ID: SA11AI.4850

Amount of Each Receipt this Period
600.00

Political Contribution

B. Full Name (Last, First, Middle Initial)
Tony Vartanian

Mailing Address 65-15 38th Avenue, #3V

City State Zip Code
Woodside NY 11377

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

Name of Employer Cordsel Technologies Occupation Self Employed

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	0	9

Transaction ID: SA11AI.4852

Amount of Each Receipt this Period
2255.00

Political Contribution

SUBTOTAL of Receipts This Page (optional)	▶	2855.00
TOTAL This Period (last page this line number only)	▶	2855.00

**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 7 / 10

<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)
Committee to Elect Gary Ackerman

Mailing Address

City State Zip Code

Purpose of Disbursement
Political Contribution

Candidate Name
Gary Ackerman

Office Sought: House
 Senate
 President
State: NY District: 05

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4820

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2009

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) ▶

5000.00

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 National Committee PAC

A.	Full Name (Last, First, Middle Initial) Asbarez News & Advertising Mailing Address City State Zip Code Purpose of Disbursement Print Advertisement in Support 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: SB29.4835 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 9	Amount of Each Disbursement this Period 750.00
B.	Full Name (Last, First, Middle Initial) AT&T Mailing Address City State Zip Code Purpose of Disbursement Telephone Service 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: SB29.4825 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period 43.77
C.	Full Name (Last, First, Middle Initial) AT&T Mailing Address City State Zip Code Purpose of Disbursement Telephone Service 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: SB29.4826 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9	Amount of Each Disbursement this Period 66.97

SUBTOTAL of Disbursements This Page (optional) ▶

860.74

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 National Committee PAC

A. Full Name (Last, First, Middle Initial) Roberts Catering Service Mailing Address 435 S. Main Street City Burbank State CA Zip Code 91506 Purpose of Disbursement Reimbursement for payment to Roberts Cat 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: SB29.4836 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 694.97 Category/Type: 003
B. Full Name (Last, First, Middle Initial) Staples Mailing Address City State Zip Code Purpose of Disbursement Office Supplies 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: SB29.4823 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 70.66 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)	765.63
TOTAL This Period (last page this line number only)	1626.37

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 Street, #300			
City Glendale	State CA	ZIP Code 91206	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.4829	
Amount Incurred This Period <input type="text" value="3200.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3200.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Asbarez News & Advertising			Nature of Debt (Purpose): Print Advertisement in Support of Obama
Mailing Address			
City	State	ZIP Code	

Outstanding Balance Beginning This Period <input type="text" value="1250.00"/>		Transaction ID: SD10.4810	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="750.00"/>	Outstanding Balance at Close of This Period <input type="text" value="500.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Roberts Catering Service			Nature of Debt (Purpose): Catering for event for Joe Knollenberg
Mailing Address 435 S. Main Street			
City Burbank	State CA	ZIP Code 91506	

Outstanding Balance Beginning This Period <input type="text" value="725.00"/>		Transaction ID: SD10.4794	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="694.97"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3700.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="3700.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="3700.00"/>