

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2005 through 12 31 2005

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

Type or Print Name of Treasurer Dr. Sarkis Kechejian

Signature of Treasurer Electronically Filed by Dr. Sarkis Kechejian Date 05 05 2005

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
ARMENIAN AMERICAN PAC (ARMENPAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		66095.14
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	69728.30									
(c) Total Receipts (from Line 19)	56330.31	80479.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	126058.61	146574.39								
7. Total Disbursements (from Line 31)	34005.43	54521.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	92053.18	92053.18								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	1100.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
ARMENIAN AMERICAN PAC (ARMENPAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	48875.00	72625.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	7455.00	7455.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	56330.00	80080.00
(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)	56330.00	80080.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	398.94
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.31	0.31
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))	56330.31	80479.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	56330.31	80479.25

DETAILED SUMMARY PAGE

of Disbursements

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.....	380.31	2528.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	380.31	2528.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8452.17	13952.17
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.....	25172.95	38040.73
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))..	34005.43	54521.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	34005.43	54521.21

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	56330.00	80080.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56330.00	80080.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	380.31	2528.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	398.94
38. Net Operating Expenditures (subtract Line 37 from Line 36)	380.31	2129.37

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Dr. Varoujan Altebarmakian		Date of Receipt MM / DD / YYYY 11 / 15 / 2005
Mailing Address 7290 North San Pedro		Transaction ID: SA11A1.6698
City State Zip Code Fresno CA 93711	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer The Permanente Med Group	Occupation Physician	
Receipt For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Kurken Alyanikian		Date of Receipt MM / DD / YYYY 09 / 27 / 2005
Mailing Address		Transaction ID: SA11A1.6700
City State Zip Code	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00
Name of Employer DDCM Incorporated	Occupation	
Receipt For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Bryan Ardouny		Date of Receipt MM / DD / YYYY 12 / 30 / 2005
Mailing Address 7935 Double Tree Lane		Transaction ID: SA11A1.6794
City State Zip Code Missoula MT 59804	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer self/Lambros Real Estate	Occupation consultant/realtor	
Receipt For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	5750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Stephen Avakian

Mailing Address P. O. Box 25

City Hull State MA Zip Code 02045

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

Name of Employer Self Occupation Consultant

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2005

Transaction ID: SA11A1.6686

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Cleo T. Cafesjian

Mailing Address 4001 Tamiami Trail North St 425

City Naples State FL Zip Code 34103

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

Name of Employer Self Occupation Homemaker

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2005

Transaction ID: SA11A1.6687

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Mr. Gerard Cafesjian

Mailing Address 4001 Tamiami Trail North St. 425

City Naples State FL Zip Code 34103

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

Name of Employer GLC Enterprises Occupation President/CEO

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2005

Transaction ID: SA11A1.6712

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	10500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Hirant Candan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5	
Mailing Address 88-30 51st Avenue		Transaction ID: SA11A1.6689	
City State Zip Code Flushing NY 11373	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Armco Mgmt. Co.	Occupation Real Estate Mgmt		
Receipt For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Mr. Ara Cherchian		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 606 Spring Street		Transaction ID: SA11A1.6713	
City State Zip Code Wausau WI 54403	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Northland Stainless Inc.	Occupation Business Owner		
Receipt For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. James Derian		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5	
Mailing Address 41 Lakeview Dr.		Transaction ID: SA11A1.6716	
City State Zip Code Oxford MI 48370	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Butzel Long P.C.	Occupation Attorney		
Receipt For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Samuel Hagopian, Sr.

Mailing Address 615 Sugar Creek Blvd

City State Zip Code
Sugarland TX 77478

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

Name of Employer Self Occupation Retired

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 5

Transaction ID: SA11A1.6684

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Edward Haroutunian

Mailing Address 14926 Rosemont Ave

City State Zip Code
Detroit MI 48223

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

Name of Employer Occupation

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 5

Transaction ID: SA11A1.6726

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mrs. Lucine Hartunian

Mailing Address 4276 Stoneleigh

City State Zip Code
Bloomfield Hills MI 48302

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

Name of Employer Occupation Retired

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.6784

Amount of Each Receipt this Period
250.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Hirair Hovnanian		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 5	
Mailing Address 600 Navesink River Road		Transaction ID: SA11A1.6727	
City State Zip Code Middletown NJ 07701		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Hovsons, Inc President			
Receipt For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

B. Full Name (Last, First, Middle Initial) Mr. Jirair Hovnanian		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5	
Mailing Address 4290 Church Road		Transaction ID: SA11A1.6691	
City State Zip Code Mount Laurel NJ 08054		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation J.S. Hovnanian & Sons In-c. Builder			
Receipt For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) Mr. Papken Janjigian		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 104 Champlin PI N		Transaction ID: SA11A1.6728	
City State Zip Code Newport RI 02840		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Retired			
Receipt For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 11 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Armen Kabodian

Mailing Address 22622 Autumn Park

City State Zip Code
Novi MI 48374

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

Name of Employer Occupation

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.6803

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Lisa Kalustian

Mailing Address 15040 Plummer St #109

City State Zip Code
North Hills CA 91343

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

Name of Employer State of California Occupation Public Affairs

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.6730

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Lisa Kalustian

Mailing Address 15040 Plummer St #109

City State Zip Code
North Hills CA 91343

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

Name of Employer State of California Occupation Public Affairs

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: SA11A1.6729

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **775.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Mr. Harry Keleshian		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 15 Stallion Trails		Transaction ID: SA11A1.6736
City State Zip Code Greenwich CT 06831	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Occupation Investor		
Receipt For: 2005 <input checked="" 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) Mr. Edward Kerbeykian		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5
Mailing Address 156 Churchill Road		Transaction ID: SA11A1.6738
City State Zip Code Tenafly NJ 07670	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired		
Receipt For: 2005 <input checked="" 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) Corinne Khederian		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 5
Mailing Address 441 N. Glenhurst Dr.		Transaction ID: SA11A1.6869
City State Zip Code Bloomfield Hills MI 48301	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Attorney		
Receipt For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 13 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. & Mrs. Leon Kircik

Mailing Address 7202 Hunters Run Dr.

City State Zip Code
Louisville KY 40059

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

Name of Employer Self Occupation Physician

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2005

Transaction ID: SA11A1.6745

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Dr. Ara Patapoutian

Mailing Address 5 Jasper St. Ext.

City State Zip Code
Westborough MA 01581

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

Name of Employer Maxtor Occupation Engineer

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 18 / 2005

Transaction ID: SA11A1.6755

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Daniel Sahakian

Mailing Address P.O. Box 649

City State Zip Code
State College PA 16804

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

Name of Employer Occupation

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 25 / 2005

Transaction ID: SA11A1.6759

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **5500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input 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 AMERICAN PAC (ARMENPAC)

A. Full Name (Last, First, Middle Initial)
Dr. Simon Simonian

Mailing Address 3301 Woodburn Road Suite 102

City State Zip Code
Annandale VA 22003

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

Name of Employer Occupation
Vein Institute Surgeon

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2005

Transaction ID: SA11A1.6763

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Kevork Toroyan

Mailing Address 65 Sunset Hill Road

City State Zip Code
New Canaan CT 06840

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

Name of Employer Occupation
Morganti Chairman

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 14 / 2005

Transaction ID: SA11A1.6772

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Salpi Toroyan

Mailing Address 31965 Bella Vista

City State Zip Code
Farmington Hills MI 48334

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

Name of Employer Occupation
Self employed Dentist

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 07 / 2005

Transaction ID: SA11A1.6800

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	5500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Annie Totah

Mailing Address 11500 Highland Farm Road

City State Zip Code
Potomac MD 20854

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

Name of Employer Self Occupation Homemaker

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2005

Transaction ID: SA11A1.6773

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Barbara Wolfe

Mailing Address 2839 Pacific Ave.

City State Zip Code
San Francisco CA 94115

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

Name of Employer Occupation Retired

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 15 / 2005

Transaction ID: SA11A1.6889

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	5250.00
TOTAL This Period (last page this line number only)	▶	48875.00

**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 / 34

<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 AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) A. Jason Parris Capizzi, Esq.		Transaction ID: SB21B.6948 Date of Disbursement 07 / 13 / 2005	
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 380.00	
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		

Full Name (Last, First, Middle Initial) B. Johnson's Printing Services		Transaction ID: SB21B.7106 Date of Disbursement 12 / 12 / 2005	
Mailing Address 45525 Grand River Avenue		Amount of Each Disbursement this Period 2952.17	
City Novi State MI Zip Code 48374	Purpose of Disbursement Direct Mail: Howard Kaloogian, see L. 23 Candidate Name KALOOGIAN FOR CONGRESS Category/Type		
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) ▼		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	380.00
TOTAL This Period (last page this line number only)	380.00

**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 17 / 34

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

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

A. BERMAN FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address 6380 Wilshire Blvd. #1612 City Los Angeles State CA Zip Code 90048 Purpose of Disbursement House Candidate Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		Transaction ID: SB23.6917 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 5 Amount of Each Disbursement this Period 1000.00 Category/Type
---	--	---

B. Doggett For Congress Full Name (Last, First, Middle Initial) Mailing Address PO BOX 5843 City AUSTIN State TX Zip Code 78763 Purpose of Disbursement House Candidate Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10 Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		Transaction ID: SB23.6922 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5 Amount of Each Disbursement this Period 500.00 Category/Type
--	--	--

C. ELLEN TAUSCHER FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address 20 PARK ROAD, SUITE E Suite E City BURLINGAME State CA Zip Code 94010 Purpose of Disbursement House Candidate Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10 Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		Transaction ID: SB23.6976 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5 Amount of Each Disbursement this Period 1000.00 Category/Type
---	--	---

SUBTOTAL of Disbursements This Page (optional)	2500.00
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 AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) A. KALOOGIAN FOR CONGRESS		Transaction ID: SB23.6966 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 30151 TOMAS		Amount of Each Disbursement this Period 1000.00
City RANCHO SANTA MARGA State CA Zip Code 92688	Category/ Type	
Purpose of Disbursement House Candidate Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) B. KALOOGIAN FOR CONGRESS		Transaction ID: SB23.7107 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 30151 TOMAS		Amount of Each Disbursement this Period 2952.17
City RANCHO SANTA MARGA State CA Zip Code 92688	Category/ Type	
Purpose of Disbursement In-Kind Direct Mail, see L. 21(b)u		
Candidate Name HOWARD KALOOGIAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. KNOLLENBERG FOR CONGRESS COMMITTEE		Transaction ID: SB23.6920 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 30701 Woodward Avenue #300 27867 Orchard Lake Road		Amount of Each Disbursement this Period 1000.00
City Royal Oak State MI Zip Code 48073	Category/ Type	
Purpose of Disbursement House Candidate Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

SUBTOTAL of Disbursements This Page (optional) ▶	4952.17
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 19 / 34

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

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

Full Name (Last, First, Middle Initial)
A. MCCOTTER CONGRESSIONAL COMMITTEE

Transaction ID: SB23.6924

Date of Disbursement

Mailing Address P.O. Box 530788

^M 1	^M 1	/	^D 1	^D 0	/	^Y 2	^Y 0	^Y 0	^Y 5
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City Livonia State MI Zip Code 48153

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
House Candidate Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2005
 Primary General
 Other (specify) ▼

State: District:

Other

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

8452.17

**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 20 / 34

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

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

Full Name (Last, First, Middle Initial) A. Matt Ash		Transaction ID: SB29.6957 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 5
Mailing Address		Amount of Each Disbursement this Period 500.00
City	State Zip Code	
Purpose of Disbursement Public Relations		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State:	District:	

Full Name (Last, First, Middle Initial) B. Mr. Michael Beranek		Transaction ID: SB29.6925 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 5
Mailing Address 540 Natali St		Amount of Each Disbursement this Period 487.50
City	State Zip Code	
Purpose of Disbursement Software		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State:	District:	

Full Name (Last, First, Middle Initial) C. Jason Parris Capizzi, Esq.		Transaction ID: SB29.6949 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 5
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1667.00
City	State Zip Code	
Purpose of Disbursement Administration/Consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) ▶	2654.50
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 21 / 34

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

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

Full Name (Last, First, Middle Initial) A. Jason Parris Capizzi, Esq.		Transaction ID: SB29.6947 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5	
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 62.24	
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Telephone Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		

Full Name (Last, First, Middle Initial) B. Jason Parris Capizzi, Esq.		Transaction ID: SB29.6975 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 5	
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1667.00	
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Candidate Name	Category/ Type	
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) ▼		

Full Name (Last, First, Middle Initial) C. Jason Parris Capizzi, Esq.		Transaction ID: SB29.6950 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5	
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 906.53	
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Public Relations Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		

SUBTOTAL of Disbursements This Page (optional) ▶	2635.77
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)

PAGE 22 / 34

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

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

<p>A. Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p>Transaction ID: SB29.6951 Date of Disbursement</p>	
<p>Mailing Address 219 Virginia Avenue</p>		<p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/></p>	
<p>City New Milford</p>	<p>State NJ</p>	<p>Amount of Each Disbursement this Period</p>	
<p>Zip Code 07646</p>		<p><input type="text" value="1667.00"/></p>	
<p>Purpose of Disbursement Administration/Consulting</p>		<p>Category/Type</p>	
<p>Candidate Name</p>		<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	
<p>State: District:</p>		<p>Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	
<p>Other</p>			

<p>B. Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p>Transaction ID: SB29.6946 Date of Disbursement</p>	
<p>Mailing Address 219 Virginia Avenue</p>		<p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/></p>	
<p>City New Milford</p>	<p>State NJ</p>	<p>Amount of Each Disbursement this Period</p>	
<p>Zip Code 07646</p>		<p><input type="text" value="1292.29"/></p>	
<p>Purpose of Disbursement Administration/Consulting</p>		<p>Category/Type</p>	
<p>Candidate Name</p>		<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	
<p>State: District:</p>		<p>Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	
<p>Other</p>			

<p>C. Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p>Transaction ID: SB29.6952 Date of Disbursement</p>	
<p>Mailing Address 219 Virginia Avenue</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/></p>	
<p>City New Milford</p>	<p>State NJ</p>	<p>Amount of Each Disbursement this Period</p>	
<p>Zip Code 07646</p>		<p><input type="text" value="1667.00"/></p>	
<p>Purpose of Disbursement Administration/Consulting</p>		<p>Category/Type</p>	
<p>Candidate Name</p>		<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	
<p>State: District:</p>		<p>Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	
<p>Other</p>			

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4626.29"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jason Parris Capizzi, Esq.		Transaction ID: SB29.6944 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 357.35
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) B. Jason Parris Capizzi, Esq.		Transaction ID: SB29.6943 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1667.00
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) C. Jason Parris Capizzi, Esq.		Transaction ID: SB29.6945 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1088.84
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3113.19
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)

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

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

A. Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.		Transaction ID: SB29.6942 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5	
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 874.80	
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		

B. Full Name (Last, First, Middle Initial) George's Senate Coney Island		Transaction ID: SB29.6961 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5	
Mailing Address		Amount of Each Disbursement this Period 1695.00	
City State Zip Code	Purpose of Disbursement Public Relations - Event Hall Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		

C. Full Name (Last, First, Middle Initial) Edgar Hagopian		Transaction ID: SB29.6962 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5	
Mailing Address 850 S. Old Woodward		Amount of Each Disbursement this Period 386.00	
City Birmingham State MI Zip Code 48009	Purpose of Disbursement Direct Mail Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		

SUBTOTAL of Disbursements This Page (optional) ▶	2955.80
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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. JOHNSON PRINTING SERVICES		Transaction ID: SB29.6959 Date of Disbursement
Mailing Address 45525 Grand River		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2005"/>
City Novi	State MI	Zip Code 48374
Purpose of Disbursement Direct Mail	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="5214.43"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) B. Nor Gyank		Transaction ID: SB29.6938 Date of Disbursement
Mailing Address P.O. Box 1694		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2005"/>
City Glendale	State CA	Zip Code 92109
Purpose of Disbursement Public Relations	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="45.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) C. Progressive Promotions		Transaction ID: SB29.6964 Date of Disbursement
Mailing Address		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2005"/>
City	State	Zip Code
Purpose of Disbursement Public Relations	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="458.40"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5717.83"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Shovi Webb Designs		Transaction ID: SB29.6936 Date of Disbursement MM / DD / YYYY 07 / 19 / 2005
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 299.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement Office Expenses	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) B. Shovi Webb Designs		Transaction ID: SB29.6934 Date of Disbursement MM / DD / YYYY 08 / 16 / 2005
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 199.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement Office Expenses	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) C. Shovi Webb Designs		Transaction ID: SB29.6937 Date of Disbursement MM / DD / YYYY 09 / 19 / 2005
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 324.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement Office Expenses	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

SUBTOTAL of Disbursements This Page (optional) ▶	822.00
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)

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

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

Full Name (Last, First, Middle Initial) A. Shovi Webb Designs		Transaction ID: SB29.6932 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 199.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement Office Expenses	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) B. Shovi Webb Designs		Transaction ID: SB29.6933 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 5
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 199.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement Office Expenses	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) C. Shovi Webb Designs		Transaction ID: SB29.6935 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 649.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement Office Expenses	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

SUBTOTAL of Disbursements This Page (optional) ▶	1047.00
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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. THE CONFERENCE GROUP		Transaction ID: SB29.6929 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 5
Mailing Address 254 CHAPMAN ROAD TOPKIS BUILDING SUITE 200		Amount of Each Disbursement this Period 54.63
City NEWARK State DE Zip Code 19702		
Purpose of Disbursement Telephone Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		

Full Name (Last, First, Middle Initial) B. THE CONFERENCE GROUP		Transaction ID: SB29.6930 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 5
Mailing Address 254 CHAPMAN ROAD TOPKIS BUILDING SUITE 200		Amount of Each Disbursement this Period 83.31
City NEWARK State DE Zip Code 19702		
Purpose of Disbursement Telephone Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		

Full Name (Last, First, Middle Initial) C. THE CONFERENCE GROUP		Transaction ID: SB29.6931 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address 254 CHAPMAN ROAD TOPKIS BUILDING SUITE 200		Amount of Each Disbursement this Period 104.19
City NEWARK State DE Zip Code 19702		
Purpose of Disbursement Telephone Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		

SUBTOTAL of Disbursements This Page (optional) ▶	242.13
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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 2825 Lone Parkway

City Eagan State MN Zip Code 55121-9640

Purpose of Disbursement Direct Mail

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2005
 Primary General
 Other (specify) ▼

Other

Transaction ID: SB29.6928

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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

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

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	700.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS 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)

FOR LINE NUMBER: (check only one)

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

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

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	▶	300.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS 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 32 / 34	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

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

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

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

1) SUBTOTALS This Period This Page (optional).....	100.00
2) TOTALS This Period (last page this line number only).....	1100.00
3) TOTALS 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)	

Image# 26940128729

Form/Schedule: **F3XA**

Transaction ID:

ARMENPAC opened an account with PayPal so that ARMENPAC could receive contributions through its webpage. To verify that the PayPal account and the ARMENPAC bank account were correctly linked, PayPal deposited two nominal amounts into the ARMENPAC bank account; these amounts, \$0.28 and \$0.03, were made on 9/1/05 and are reported on line 17 of this report. ARMENPAC returned these nominal deposits to PayPal on 9/1/05 via check #2011 for \$0.28 and check #2012 for \$0.03; both of these disbursements are reported on line 21(b) of this report.

Form/Schedule: **SD9**

re-pay of 7/26/02 \$3500 overpayment.

Transaction ID: **SD9.6021**

Image# 26940128730

Form/Schedule: **SD9**
Transaction ID: **SD9.5944**

ARMENPAC paid Mida \$3500 on 7/26/2002. However, the services were not rendered and thus Mida is repaying ARMENPAC. This 12/31/03 payment of debt represents the first installment.
