

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) 780 Sunset Terrace
 Check if different than previously reported. (ACC)
Franklin Lakes NJ 07417

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

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

5. Covering Period 07 01 2009 through 12 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 Stephen Charles Aslanian

Signature of Treasurer Electronically Filed by Stephen Charles Aslanian Date 01 30 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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	9

 To:

M	M
1	2

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"><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		18406.61
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	5727.06									
(c) Total Receipts (from Line 19)	5075.00	18700.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10802.06	37106.61								
7. Total Disbursements (from Line 31)	6704.73	33009.28								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4097.33	4097.33								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	1900.00									
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

FEC Form 3X (Rev. 06/2004)

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	9

 To:

M	M
1	2

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		
(i) Itemized (use Schedule A)	4750.00	17000.00
(ii) Unitemized	325.00	1700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5075.00	18700.00
(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)	5075.00	18700.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5075.00	18700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5075.00	18700.00

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6704.73	26009.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6704.73	26009.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	7000.00
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))..	6704.73	33009.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6704.73	33009.28

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	5075.00	18700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5075.00	18700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6704.73	26009.28
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6704.73	26009.28

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14
(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 AMERICAN PAC (ARMENPAC)

A. Full Name (Last, First, Middle Initial)
Zaruhi Sara Chitjian

Mailing Address 344 N Vista Street

City State Zip Code
Los Angeles CA 90036

FEC ID number of contributing federal political committee. C

Name of Employer retired Occupation retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 26 / 2009
Transaction ID: SA11AI.4210

Amount of Each Receipt this Period 1000.00
contribution

B. Full Name (Last, First, Middle Initial)
Zaruhi Sara Chitjian

Mailing Address 344 N Vista Street

City State Zip Code
Los Angeles CA 90036

FEC ID number of contributing federal political committee. C

Name of Employer retired Occupation retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 10 / 2009
Transaction ID: SA11AI.4218

Amount of Each Receipt this Period 1000.00
contribution

C. Full Name (Last, First, Middle Initial)
Edward Constantian

Mailing Address 26130 Alizia Canyon Dr, Unit E

City State Zip Code
Calabasas CA 91302

FEC ID number of contributing federal political committee. C

Name of Employer CS Financial Occupation Mortgage Banking

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2009
Transaction ID: SA11AI.4208

Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) 2250.00

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 7 / 14
	(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) Dr. Leon Kircik		Date of Receipt MM / DD / YYYY 07 / 22 / 2009
Mailing Address 7202 Hunters Run Drive		Transaction ID: SA11AI.4206
City Louisville	State KY	Zip Code 40059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer self	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.

Full Name (Last, First, Middle Initial) Kirakos Vapurciyan		Date of Receipt MM / DD / YYYY 08 / 20 / 2009
Mailing Address 2679 Sunnyknoll		Transaction ID: SA11AI.4216
City Berkley	State MI	Zip Code 48072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	4750.00

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 AMERICAN PAC (ARMENPAC)

<p>A. Full Name (Last, First, Middle Initial) Jason P Capizzi</p> <p>Mailing Address 24 Avenue at Port Imperial #209</p> <p>City West New York State NJ Zip Code 07093</p> <p>Purpose of Disbursement reimbursable expenses - office expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other</p>	<p>Transaction ID: SB21B.4229</p> <p>Date of Disbursement 07 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 402.26</p>
<p>B. Full Name (Last, First, Middle Initial) Jason P Capizzi</p> <p>Mailing Address 24 Avenue at Port Imperial #209</p> <p>City West New York State NJ Zip Code 07093</p> <p>Purpose of Disbursement wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other</p>	<p>Transaction ID: SB21B.4221</p> <p>Date of Disbursement 07 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1458.34</p>
<p>C. Full Name (Last, First, Middle Initial) Jason P Capizzi</p> <p>Mailing Address 24 Avenue at Port Imperial #209</p> <p>City West New York State NJ Zip Code 07093</p> <p>Purpose of Disbursement reimbursable expenses - office expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other</p>	<p>Transaction ID: SB21B.4222</p> <p>Date of Disbursement 07 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 128.51</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1989.11

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 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)

A.	Full Name (Last, First, Middle Initial) Jason P Capizzi	Transaction ID: SB21B.4223 Date of Disbursement
	Mailing Address 24 Avenue at Port Imperial #209	<input type="text" value="08"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City West New York State NJ Zip Code 07093	Amount of Each Disbursement this Period
	Purpose of Disbursement wages	<input type="text" value="1458.34"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other

B.	Full Name (Last, First, Middle Initial) Jason P Capizzi	Transaction ID: SB21B.4224 Date of Disbursement
	Mailing Address 24 Avenue at Port Imperial #209	<input type="text" value="09"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City West New York State NJ Zip Code 07093	Amount of Each Disbursement this Period
	Purpose of Disbursement wages	<input type="text" value="1458.34"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other

C.	Full Name (Last, First, Middle Initial) Jason P Capizzi	Transaction ID: SB21B.4225 Date of Disbursement
	Mailing Address 24 Avenue at Port Imperial #209	<input type="text" value="09"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City West New York State NJ Zip Code 07093	Amount of Each Disbursement this Period
	Purpose of Disbursement reimbursable expenses - office expenses	<input type="text" value="131.90"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3048.58"/>
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)

PAGE 10 / 14

<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)

<p>A. Full Name (Last, First, Middle Initial) Jason P Capizzi</p> <p>Mailing Address 24 Avenue at Port Imperial #209</p> <p>City West New York State NJ Zip Code 07093</p> <p>Purpose of Disbursement reimbursable expenses - office expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other</p>	<p>Transaction ID: SB21B.4227</p> <p>Date of Disbursement 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 206.90</p>
<p>B. Full Name (Last, First, Middle Initial) Jason P Capizzi</p> <p>Mailing Address 24 Avenue at Port Imperial #209</p> <p>City West New York State NJ Zip Code 07093</p> <p>Purpose of Disbursement reimbursable expenses - office expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other</p>	<p>Transaction ID: SB21B.4228</p> <p>Date of Disbursement 11 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 131.59</p>
<p>C. Full Name (Last, First, Middle Initial) Shovi Websites</p> <p>Mailing Address 26 Liberty Road</p> <p>City Bedford State MA Zip Code 01730</p> <p>Purpose of Disbursement wages - website maintenance / development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other</p>	<p>Transaction ID: SB21B.4219</p> <p>Date of Disbursement 07 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 667.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1005.49

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 11 / 14

<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)

A.

Full Name (Last, First, Middle Initial)
Shovi Websites

Transaction ID: SB21B.4226
Date of Disbursement

Mailing Address 26 Liberty Road

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

City State Zip Code
Bedford MA 01730

Amount of Each Disbursement this Period

642.00

Purpose of Disbursement
wages - website maintenance / development

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

other

SUBTOTAL of Disbursements This Page (optional) ►

642.00

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

6685.18

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): repayment of 7/26/02 \$3500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City Royal Oak State MI ZIP Code 48067	

Outstanding Balance Beginning This Period 300.00	Transaction ID: SD9.4130	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 300.00

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

Outstanding Balance Beginning This Period 200.00	Transaction ID: SD9.4140	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

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

Outstanding Balance Beginning This Period 200.00	Transaction ID: SD9.4133	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

1) SUBTOTALS This Period This Page (optional).....	700.00
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)

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): repayment of 7/26/02 \$3500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City Royal Oak State MI ZIP Code 48067	

Outstanding Balance Beginning This Period 100.00	Transaction ID: SD9.4134	
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): repayment of 7/26/02 \$3500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City Royal Oak State MI ZIP Code 48067	

Outstanding Balance Beginning This Period 100.00	Transaction ID: SD9.4135	
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): repayment of 7/26/02 \$3500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City Royal Oak State MI ZIP Code 48067	

Outstanding Balance Beginning This Period 100.00	Transaction ID: SD9.4136	
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) 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)

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): repayment 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: SD9.4137	
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): repayment 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 600.00	Transaction ID: SD9.4138	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 600.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	Nature of Debt (Purpose): repayment 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 200.00	Transaction ID: SD9.4139	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

1) SUBTOTALS This Period This Page (optional).....	▶	900.00
2) TOTALS This Period (last page this line number only).....	▶	1900.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	1900.00