

# 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  
 Check if different than previously reported. (ACC)  
IRVING TX 75206

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 01 01 2006 through 03 31 2006

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 04 11 2006

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**

Write or Type Committee Name  
ARMENIAN AMERICAN PAC (ARMENPAC)

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		92053.18
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	92053.18									
(c) Total Receipts (from Line 19) .....	3831.57	3831.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	95884.75	95884.75								
7. Total Disbursements (from Line 31) .....	5823.77	5823.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	90060.98	90060.98								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	1100.00									
10. Debts and Obligations owed <b>BY</b> 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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	2550.00	2550.00
(i) Itemized (use Schedule A) .....	1280.00	1280.00
(ii) Unitemized .....	3830.00	3830.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	3830.00	3830.00
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) .....	1.57	1.57
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)) .....	3831.57	3831.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3831.57	3831.57

**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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-5000.00	-5000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	10823.77	10823.77
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))..	5823.77	5823.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5823.77	5823.77

**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) .....	3830.00	3830.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3830.00	3830.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1.57	1.57
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-1.57	-1.57

**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 / 33
	<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. Howard Atesian

Mailing Address 4117 Sunningdale

City State Zip Code  
Bloomfield Hills MI 48302

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

Name of Employer Occupation  
Aterian Prop. Inc. Property Mgmt

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.6994

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Hirant Candan

Mailing Address 88-30 51st Avenue

City State Zip Code  
Flushing NY 11373

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

Name of Employer Occupation  
Armco Mgmt. Co. Real Estate Mgmt

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.6990

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Honorable George Deukmejian

Mailing Address 5366 East Broadway

City State Zip Code  
Long Beach CA 90803

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

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.7001

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<b>TOTAL</b> 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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	PAGE 7 / 33
	(check only one)	
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Harry Geozian		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6	
Mailing Address		<b>Transaction ID:</b> SA11A1.7036	
City Granada Hills	State CA	Zip Code 91344	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. & Mrs. Van Krikorian, Esq		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address 5 Frederick Ct.		<b>Transaction ID:</b> SA11A1.7008	
City Harrison	State NY	Zip Code 10528	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Global Gold Corp.		Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. David Sahagian		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 49 Hunting Rd.		<b>Transaction ID:</b> SA11A1.7031	
City Needham	State MA	Zip Code 02494	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> 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 8 / 33	
	(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) <b>ARMENIAN AMERICAN PAC (ARMENPAC)</b>
--

Full Name (Last, First, Middle Initial) <b>A. Mr. Oscar Tatosian</b>	
Mailing Address <b>1028 Chicago Ave</b>	
City <b>Evanston</b>	State <b>IL</b>
Zip Code <b>60202</b>	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer	Occupation
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>

Date of Receipt M M / D D / Y Y Y Y <b>01 / 13 / 2006</b>
Transaction ID: <b>SA11A1.7023</b>
Amount of Each Receipt this Period <b>250.00</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2550.00</b>



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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) <b>A. ANDREWS FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.7092</b> Date of Disbursement
Mailing Address 215 Fourth Avenue SUITE 200		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City Haddon Heights	State NJ	Zip Code 08035
Purpose of Disbursement House Candidate Contribution	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 01	
		Amount of Each Disbursement this Period <input type="text" value="-500.00"/>

Full Name (Last, First, Middle Initial) <b>B. ANNA ESHOO FOR CONGRESS</b>		<b>Transaction ID: SB23.7079</b> Date of Disbursement
Mailing Address 555 Capitol Mall Suite 1425		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement House Candidate Contribution	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 14	
		Amount of Each Disbursement this Period <input type="text" value="-500.00"/>

Full Name (Last, First, Middle Initial) <b>C. CANTOR FOR CONGRESS</b>		<b>Transaction ID: SB23.7041</b> Date of Disbursement
Mailing Address P. O. Box 17813		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23226
Purpose of Disbursement House Candidate Contribution	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 07	
		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1500.00"/>
<b>TOTAL</b> 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 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) <b>A. COLEMAN FOR CONGRESS</b>		<b>Transaction ID: SB23.7043</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 715 N OREGON		Amount of Each Disbursement this Period 1000.00
City EL PASO State TX Zip Code 79902	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ELEANOR H. NORTON CAMPAIGN</b>		<b>Transaction ID: SB23.7086</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 2201 Wisconsin Avenue NW Suite 320		Amount of Each Disbursement this Period -500.00
City Washington State DC Zip Code 20007	Category/ Type	
Purpose of Disbursement House Candidate Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: 00	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF DENNIS CARDOZA</b>		<b>Transaction ID: SB23.7097</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period -500.00
City Sacramento State CA Zip Code 95814	Category/ Type	
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: 18	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JERRY KLECZKA

Mailing Address 3150A S. 12th Street

City Milwaukee State WI Zip Code 53215

Purpose of Disbursement  
House Candidate Contribution  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: WI District: 04  
Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7096

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-500.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF PATRICK J KENNEDY INC

Mailing Address PO BOX 321

City PAWTUCKET State RI Zip Code 02862

Purpose of Disbursement  
House Candidate Contribution  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: RI District: 01  
Disbursement For: 2005  
 Primary  General  
 Other (specify) ▼  
other

Transaction ID: SB23.7098

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-500.00

**C.** Full Name (Last, First, Middle Initial)  
GREENWOOD FOR CONGRESS INC.

Mailing Address 50 East Court Street PO Box 1775  
50 East Court Street PO Box 1775

City Doylestown State PA Zip Code 18901

Purpose of Disbursement  
House Candidate Contribution  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: PA District: 08  
Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7095

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-500.00

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

-1500.00

**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)

PAGE 12 / 33

<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) <b>A. HENRY WAXMAN CAMPAIGN</b>		<b>Transaction ID: SB23.7083</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 8665 Wilshire Blvd. #220		Amount of Each Disbursement this Period -500.00
City Beverly Hills State CA Zip Code 90211		
Purpose of Disbursement House Candidate Contribution	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 30		

Full Name (Last, First, Middle Initial) <b>B. KAREN MCCARTHY FOR CONGRESS</b>		<b>Transaction ID: SB23.7091</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 1111 Valentine Road		Amount of Each Disbursement this Period -500.00
City Kansas City State MO Zip Code 64111		
Purpose of Disbursement House Candidate Contribution	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 05		

Full Name (Last, First, Middle Initial) <b>C. KILPATRICK FOR CONGRESS</b>		<b>Transaction ID: SB23.7090</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address PO BOX 32175		Amount of Each Disbursement this Period -500.00
City DETROIT State MI Zip Code 48232		
Purpose of Disbursement House Candidate Contribution	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 33

<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) <b>A. LARSON FOR CONGRESS</b>		<b>Transaction ID: SB23.7085</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 29 RUFF CIRCLE		Amount of Each Disbursement this Period -500.00
City GLASTONBURY State CT Zip Code 06033	Purpose of Disbursement House Candidate Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. LIPINSKI FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.7087</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 6242 W 59TH STREET		Amount of Each Disbursement this Period -500.00
City CHICAGO State IL Zip Code 60638	Purpose of Disbursement House Candidate Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 03	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. NITA LOWEY FOR CONGRESS</b>		<b>Transaction ID: SB23.7094</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address PO Box 271		Amount of Each Disbursement this Period -500.00
City White Plains State NY Zip Code 10605	Purpose of Disbursement House Candidate Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	-500.00

**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)

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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)

**A. PASCARELL FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)

Mailing Address POB 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement  
House Candidate Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: NJ District: 08

**Transaction ID: SB23.7093**

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

-500.00

**B. SOUDER FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 40233  
P.O. BOX 40233

City FORT WAYNE State IN Zip Code 46804

Purpose of Disbursement  
House Candidate Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: IN District: 03

**Transaction ID: SB23.7088**

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

-500.00

**C. SUSAN DAVIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 144 West D St

City Encinitas State CA Zip Code 92024

Purpose of Disbursement  
House Candidate Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: CA District: 53

**Transaction ID: SB23.7084**

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

-500.00

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

-1500.00

**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) <b>A. Van Hollen for Congress</b>		Transaction ID: SB23.7089 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address 3514 FARRAGUT AVENUE		Amount of Each Disbursement this Period -500.00	
City KENSINGTON	State MD	Zip Code 20895	Category/ Type
Purpose of Disbursement House Candidate Contribution			
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD District: 8			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>-5000.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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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) <b>A. Mr. Michael Beranek</b>		<b>Transaction ID: SB29.7052</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 540 Natali St		Amount of Each Disbursement this Period 510.00
City Austin State TX Zip Code 78748	Category/ Type	
Purpose of Disbursement Software		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>B. Jason Parris Capizzi, Esq.</b>		<b>Transaction ID: SB29.7044</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 2083.33
City New Milford State NJ Zip Code 07646	Category/ Type	
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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) <b>C. Jason Parris Capizzi, Esq.</b>		<b>Transaction ID: SB29.7045</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1218.74
City New Milford State NJ Zip Code 07646	Category/ Type	
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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3812.07</b>
<b>TOTAL</b> 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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p><b>Transaction ID:</b> SB29.7046 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	1		2	0	0	6													
<p>Mailing Address 219 Virginia Avenue</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>2083.33</td> </tr> </table> </p>	2083.33																			
2083.33																						
<p>City New Milford State NJ Zip Code 07646</p>	<p>Purpose of Disbursement Administration/Consulting Candidate Name                  Category/Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>																					

<p><b>B.</b> Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p><b>Transaction ID:</b> SB29.7051 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	4		2	0	0	6													
<p>Mailing Address 219 Virginia Avenue</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>53.53</td> </tr> </table> </p>	53.53																			
53.53																						
<p>City New Milford State NJ Zip Code 07646</p>	<p>Purpose of Disbursement Telephone Candidate Name                  Category/Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>																					

<p><b>C.</b> Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p><b>Transaction ID:</b> SB29.7047 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	8		2	0	0	6													
<p>Mailing Address 219 Virginia Avenue</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>2083.33</td> </tr> </table> </p>	2083.33																			
2083.33																						
<p>City New Milford State NJ Zip Code 07646</p>	<p>Purpose of Disbursement Administration/Consulting Candidate Name                  Category/Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>																					

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>4220.19</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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><b>A.</b> Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p><b>Transaction ID:</b> SB29.7048 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	5		2	0	0	6														
<p>Mailing Address 219 Virginia Avenue</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>370.40</td> </tr> </table> </p>		370.40																			
370.40																							
<p>City New Milford State NJ Zip Code 07646</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                  Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼                  State: District: Other</p>																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p><b>Transaction ID:</b> SB29.7050 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	3		2	0	0	6														
<p>Mailing Address 219 Virginia Avenue</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>437.49</td> </tr> </table> </p>		437.49																			
437.49																							
<p>City New Milford State NJ Zip Code 07646</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                  Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼                  State: District: Other</p>																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) PROGRESSIVE PROMOTIONS</p>		<p><b>Transaction ID:</b> SB29.7065 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	1		2	0	0	6														
<p>Mailing Address 30634 MUNGER</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>381.60</td> </tr> </table> </p>		381.60																			
381.60																							
<p>City LIVONIA State MI Zip Code 48154</p>	<p>Purpose of Disbursement Public Relations</p>	<p>Category/Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼                  State: District: Other</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>1189.49</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) <b>A. Shovi Web Design</b>		Transaction ID: SB29.7067 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 738 Main Street Suite 389		Amount of Each Disbursement this Period 199.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement Software Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Shovi Web Design</b>		Transaction ID: SB29.7068 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 738 Main Street Suite 389		Amount of Each Disbursement this Period 199.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement Software Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. THE CONFERENCE GROUP</b>		Transaction ID: SB29.7070 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 254 CHAPMAN ROAD TOPKIS BUILDING SUITE 200		Amount of Each Disbursement this Period 62.67
City NEWARK State DE Zip Code 19702	Purpose of Disbursement Telephone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	460.67
<b>TOTAL</b> 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 20 / 33

<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

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) <b>A. THE CONFERENCE GROUP</b>		Transaction ID: SB29.7071 Date of Disbursement
Mailing Address 254 CHAPMAN ROAD TOPKIS BUILDING SUITE 200		<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City NEWARK	State DE	Zip Code 19702
Purpose of Disbursement	Telephone	Amount of Each Disbursement this Period <input type="text" value="92.45"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>B. THE CONFERENCE GROUP</b>		Transaction ID: SB29.7072 Date of Disbursement
Mailing Address 254 CHAPMAN ROAD TOPKIS BUILDING SUITE 200		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City NEWARK	State DE	Zip Code 19702
Purpose of Disbursement	Telephone	Amount of Each Disbursement this Period <input type="text" value="75.52"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

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)

<b>A.</b> 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	<b>Transaction ID: SD9.6021</b>	
200.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	200.00

<b>B.</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	<b>Transaction ID: SD9.5944</b>	
300.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	300.00

<b>C.</b> 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	<b>Transaction ID: SD9.6072</b>	
200.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	200.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>700.00</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> 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)

<b>A.</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	<b>Transaction ID:</b> SD9.6542	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

<b>B.</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	<b>Transaction ID:</b> SD9.6543	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

<b>C.</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	<b>Transaction ID:</b> SD9.6544	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	300.00
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> 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 23 / 33	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

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

<b>A.</b> 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	<b>Transaction ID: SD9.6582</b>	
100.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	100.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	100.00
2) <b>TOTALS</b> This Period (last page this line number only).....	1100.00
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2)</b> and 3) and carry forward to appropriate line of Summary Page (last page only)	

**Image# 26940052904**

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/2/04; reported on A2: October 15 Quarterly Report (closed on 3/25/05).  
Transaction ID: **SB23.7092**

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/2/04; reported on A2: October 15 Quarterly Report (closed on 3/25/05).  
Transaction ID: **SB23.7079**

\*\*\*\*\*



**Image# 26940052905**

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/2/04; reported on A2: October 15 Quarterly Report (closed on 3/25/05).  
Transaction ID: **SB23.7086**

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/2/04; reported on A2: October 15 Quarterly Report (closed on 3/25/05).  
Transaction ID: **SB23.7097**

\*\*\*\*\*

**Image# 26940052906**

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/2/04; reported on A2: October 15 Quarterly Report (closed on 3/25/05).  
Transaction ID: **SB23.7096**

Form/Schedule: **SB23** check not cashed, originally disbursed on 3/25/05; reported on July 31 Mid Year Report (closed on 7/7/05).  
Transaction ID: **SB23.7098**

\*\*\*\*\*

**Image# 26940052907**

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/2/04; reported on A2: October 15 Quarterly Report (closed on 3/25/05).  
Transaction ID: **SB23.7095**

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/2/04; reported on A2: October 15 Quarterly Report (closed on 3/25/05).  
Transaction ID: **SB23.7083**

\*\*\*\*\*

**Image# 26940052908**

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/2/04; reported on A2: October 15 Quarterly Report (closed on 3/25/05).  
Transaction ID: **SB23.7091**

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/2/04; reported on A2: October 15 Quarterly Report (closed on 3/25/05).  
Transaction ID: **SB23.7090**

\*\*\*\*\*

**Image# 26940052909**

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/2/04; reported on A2: October 15 Quarterly Report (closed on 3/25/05).  
Transaction ID: **SB23.7085**

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/2/04; reported on A2: October 15 Quarterly Report (closed on 3/25/05).  
Transaction ID: **SB23.7087**

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**Image# 26940052910**

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/2/04; reported on A2: October 15 Quarterly Report (closed on 3/25/05).  
Transaction ID: **SB23.7094**

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/2/04; reported on A2: October 15 Quarterly Report (closed on 3/25/05).  
Transaction ID: **SB23.7093**

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**Image# 26940052911**

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/2/04; reported on A2: October 15 Quarterly Report (closed on 3/25/05).  
Transaction ID: **SB23.7088**

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/2/04; reported on A2: October 15 Quarterly Report (closed on 3/25/05).  
Transaction ID: **SB23.7084**

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**Image# 26940052912**

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/2/04; reported on A2: October 15 Quarterly Report (closed on 3/25/05).  
Transaction ID: **SB23.7089**

Form/Schedule: **SD9** re-pay of 7/26/02 \$3500 overpayment.  
Transaction ID: **SD9.6021**

\*\*\*\*\*



Image# 26940052913

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.

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