10/14/2008 20:54

(Rev. 12/2004)

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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines ARMENIAN AMERICAN PAC (ARMENPAC) **421 E AIRPORT FREEWAY** ADDRESS (number and street) Check if different than previously **IRVING** ΤX 75206 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00352054 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2008 09 3 0 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Sarkis J. Kechejian Type or Print Name of Treasurer Electronically Filed by Dr. Sarkis J. Kechejian 10 14 2008 Signature of Treasurer Date 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 **FEC FORM 3X** Use

FE6AN026

Only

# **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name ARMENIAN AMERICAN PAC (ARMENPAC) D D " D 0.7 0 1 2008 0.9 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 39848.58 January 1 (b) Cash on Hand at 28670.80 Begining of Reporting Period ..... 3710.00 30025.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 32380.80 69873.58 6(a) and 6(c) for Column B) ..... 14678.61 52171.39 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 17702.19 17702.19 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) ..... 1900.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ARMENIAN AMERICAN PAC (ARMENPAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
4. Contributions (atherestless leave) France	Total Tills Period	Calelidal feal-10-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees	1950.00	23750.00
(i) Itemized (use Schedule A)	1930.00	25750.00
(ii) Unitemized	1760.00	6275.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	3710.00	30025.00
(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)	3710.00	30025.00
3 a 3 , p a g a 3 ,		
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
rarty Committees		
3. All Loans Received	0.00	0.00
	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made     to Federal candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
· · ·	2.22	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	3710.00	30025.00
. Total Federal Receipts	3710.00	30025.00

## **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

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	Į.	
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	13678.61	47171.39
	Expenditures(c) Total Operating Expenditures		
_	(add 21(a)(i), (a)(ii) and (b))	13678.61	47171.39
2.	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees		700000
1	and Other Political Committees	1000.00	5000.00
	(use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
8.	Refunds of Contributions To:  (a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	·	0.00	0.00
	(ii) "Levin" Share		
	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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	14678.61	52171.39
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	14678.61	52171.39
	from Line 31)	14070.01	52171.39

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	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)	3710.00	30025.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	3710.00	30025.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13678.61	47171.39
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	13678.61	47171.39

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 18 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ARMENIAN AMERICAN PAC (ARMEN	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Sarah Chitjian  Mailing Address 344 North Vista Street  City  Los Angeles  FEC ID number of contributing federal political committee.  Name of Employer retired  Receipt For: 2008  Primary X General  Other (specify)	State Zip Code CA 90036  C  Occupation retired  Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Ken Darian Mailing Address 202 Iceland Drive  City Huntington Sta  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008 Primary X General Other (specify)	State Zip Code NY 11746  C Occupation  Aggregate Year-to-Date  350.00	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Honorable George Deukmejian Mailing Address 5366 East Broadway  City Long Beach  FEC ID number of contributing federal political committee.  Name of Employer Retired  Receipt For: 2008  Primary X General Other (specify)	State Zip Code CA 90803  C  Occupation Retired  Aggregate Year-to-Date  800.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 18 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  ARMENIAN AMERICAN PAC (ARME	e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Heratch O. Doumanian  Mailing Address 6451 Arthur Street  City Merrillville  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: 2008 Primary X General	State Zip Code IN 46410-3122  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M 29 29 2008  Transaction ID: SA11AI.8361  Amount of Each Receipt this Period  200.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Heratch O. Doumanian  Mailing Address 6451 Arthur Street  City  Merrillville  FEC ID number of contributing federal political committee.	State Zip Code IN 46410-3122	Date of Receipt    M M M
Name of Employer Self  Receipt For: 2008  Primary X General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date   400.00	
Full Name (Last, First, Middle Initial) Rita Kechejian  Mailing Address 50 Fairview Avenue  City  Brockton	State Zip Code MA 02401	Date of Receipt    M M M
FEC ID number of contributing federal political committee.  Name of Employer Homemaker  Receipt For: 2008  Primary X General Other (specify)	Occupation  Aggregate Year-to-Date ▼  500.00	500.00
SUBTOTAL of Receipts This Page (optional) .		800.00

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or for	commercial purposes, other than using the name IAME OF COMMITTEE (In Full) ARMENIAN AMERICAN PAC (ARMENPA Full Name (Last, First, Middle Initial)	e and addres						irpos	e of s		28a 28b 28c 29			
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NE NUMBER: PAGE 9 / 18 only one)								
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Full Name (Last, First, Middle Initial) ANCA					Date of		isburse				Y	
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Mailing Address 219 VIRGINIA AVENUE						М		7 /	Y	δ o δ ε	3 Y	
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		MITTEE (In Full) MERICAN PAC (A	RMENPAC	<b>C</b> )												
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	Mailing Address	219 VIRGINIA	AVENUE						o <sup>M</sup> 7	IVI	/ D.	15	′ L'	Ž	0 0 8	3 '
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TOTAL This Period (last page this line number only) .....

City NEW MILFORD NJ 07646  Purpose of Disbursement reimbursable expenses - office expenses  Candidate Name  Office Sought: House Primary General State: District: Other  Full Name (Last, First, Middle Initial) JASON CAPIZZI  Mailing Address Candidate Name  City NEW MILFORD NJ 07646  Purpose of Disbursement For: 2008  City NEW MILFORD NJ 07646  Purpose of Disbursement reimbursable expenses - office expenses  Candidate Name  Office Sought: House Primary Category/ Type  Office Sought: House Primary Office Sought: House Primary Category/ Type  Office Sought: House Primary Category/ Type  Office Sought: House Primary Category/ Type  Office Sought: House Primary General X Other (specify) ▼  State: District: Other  Transaction ID: SB21B.8414  Date of Disbursement this Primary Category/ Type  Office Sought: House Primary General X Other (specify) ▼  Transaction ID: SB21B.8414  Date of Disbursement Disbursement For: 2008 Primary General X Other (specify) ▼  Transaction ID: SB21B.8414  Date of Disbursement  Disbursement  Office of Disbursement Disburse		CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 21b 27	
Amount of Each Disbursement Transaction ID: SB21B.8413  Date of Disbursement ID: SB21B.8414  Date		for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any politica		
NÉW MILFORD Purpose of Disbursement reimbursable expenses - office expenses  Candidate Name  Office Sought: House Senate President State: District: Other  City NEW MILFORD Purpose of Disbursement For: 2008 Senate Primary General NJ 07646  Purpose of Disbursement For: 2008 Primary General NJ 07646  Purpose of Disbursement For: 2008 Primary General NJ 07646  Purpose of Disbursement President NJ 07646  Purpose of Disbursement Por: 2008 Primary General NJ 07646  Purpose of Disbursement Por: 2008 Primary General NJ 07646  Purpose of Disbursement Por: 2008 Primary General NJ 07646  Purpose of Disbursement Por: 2008 Primary General NJ 07646  Purpose of Disbursement Por: 2008 Primary General NJ 07646  Purpose of Disbursement Por: 2008 Primary General NJ 07646  Purpose of Disbursement Por: 2008 Primary General NJ 07646  Purpose of Disbursement Por: 2008 Primary General NJ 07646  Purpose of Disbursement Por: 2008 Primary General NJ 07646  Purpose of Disbursement Por: 2008 Primary General NJ 07646  Purpose of Disbursement Por: 2008 Primary General NJ 07646  Purpose of Disbursement Por: 2008 Primary General NJ 07646  Purpose of Disbursement Por: 2008 Primary General NJ 07646  Purpose of Disbursement Por: 2008 Primary General NJ 07646  Purpose of Disbursement Por: 2008 Primary General NJ 07646  Purpose of Disbursement Por: 2008 Primary General NJ 07646  Purpose of Disbursement Por: 2008 Primary General NJ 07646	۸.	JASON CAPIZZI			Date of Disbursement
Transaction ID: SB21B.8413 Date of Disbursement Primary General District:  Other  Full Name (Last, First, Middle Initial) JASON CAPIZZI  Office Sought:  House Senate Primary General District:  Other  Full Name (Last, First, Middle Initial) Disbursement For: State Zip Code NJ 07646  Purpose of Disbursement reimbursable expenses Candidate Name  Office Sought: Full Name (Last, First, Middle Initial) Disbursement For: Senate Primary General Disbursement For: State: District: Other  Transaction ID: SB21B.8413 Date of Disbursement Initial Date of Disbursement Category/ Type  Amount of Each Disbursement Initial Date of Disb					Amount of Each Disbursement this Period
Office Sought: House Senate Primary General District:    Full Name (Last, First, Middle Initial) JASON CAPIZZI		reimbursable expenses - office expenses			143.17
Full Name (Last, First, Middle Initial) JASON CAPIZZI  Mailing Address 219 VIRGINIA AVENUE  City NEW MILFORD NJ 07646  Purpose of Disbursement reimbursable expenses - office expenses Candidate Name  Office Sought: House Primary General JASON CAPIZZI  Mailing Address 219 VIRGINIA AVENUE  Transaction ID: SB21B.8413 Date of Disbursement  08 M / 02 9 / 2 0 0 8  Amount of Each Disbursement this Purpose of Disbursement this Purpose of Disbursement For: 2008 Senate Primary General JASON CAPIZZI  Mailing Address 219 VIRGINIA AVENUE  City NEW MILFORD NJ 07646  Purpose of Disbursement  08 M / 02 9 / 2 0 0 8  Amount of Each Disbursement ID: SB21B.8414 Date of Disbursement  08 M / 02 9 / 2 0 0 8  Amount of Each Disbursement  08 M / 02 9 / 2 0 0 8  Amount of Each Disbursement ID: SB21B.8414  Date of Disbursement  08 M / 02 9 / 2 0 0 8  Category/ Type  Office Sought: House Disbursement For: 2008  Category/ Type  Office Sought: House Primary General		Senate President X	Primary General	Туре	
City NEW MILFORD  Purpose of Disbursement reimbursable expenses - office expenses  Candidate Name  Office Sought:  State:  District:  Full Name (Last, First, Middle Initial)  JASON CAPIZZI  Mailing Address  City NEW MILFORD  NJ  Office Sought:  Mailing Address  City NEW MILFORD  NJ  Office Sought:  Other  State  City NEW MILFORD  NJ  Office Sought:  Other  State  City NEW MILFORD  NJ  Office Sought:  Office Sought:  Other  Transaction ID: SB21B.8414  Date of Disbursement  M  M  M  D  D  D  D  D  D  D  D  D  D	_	Full Name (Last, First, Middle Initial)			Date of Disbursement
NÉW MILFORD  Purpose of Disbursement reimbursable expenses - office expenses  Candidate Name  Office Sought: House Senate Primary General X Other (specify) ▼  State: District: Other  Full Name (Last, First, Middle Initial)  JASON CAPIZZI  Mailing Address 219 VIRGINIA AVENUE  City State Zip Code NJ 07646  Purpose of Disbursement wages  Candidate Name  Office Sought: House Senate Primary General X Other (specify) ▼  Office Sought: Other (specify) ▼  Zategory/ Type  Office Sought: V 2 0 0 8  Amount of Each Disbursement this Petalogue Amo					08 0 2 9 7 2 0 0 8
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Office Sought: House Senate Primary General X Other (specify) ▼  State: District: Other  Full Name (Last, First, Middle Initial) JASON CAPIZZI  Mailing Address 219 VIRGINIA AVENUE  City NEW MILFORD State Zip Code NJ 07646  Purpose of Disbursement wages  Candidate Name  Office Sought: House Senate Primary General X Other (specify) ▼  Office Sought: House Senate Primary General X Other (specify) ▼		reimbursable expenses - office expenses			149.58
Full Name (Last, First, Middle Initial) JASON CAPIZZI  Mailing Address 219 VIRGINIA AVENUE  City NEW MILFORD Purpose of Disbursement wages Candidate Name  Disbursement For: Category/ Type  Office Sought: President  Transaction ID: SB21B.8414 Date of Disbursement  M M / 2 9 / 2 0 0 8  Amount of Each Disbursement this Permanent wages  Category/ Type  Office Sought: Primary General President  X Other (specify)		Senate President X	Primary General	,,,,	
City NEW MILFORD NJ 07646  Purpose of Disbursement wages Candidate Name  Category/ Type  Office Sought:  House Senate Primary Amount of Each Disbursement this Perimary Type  Category/ Type  Office Sought: Primary General X Other (specify)		Full Name (Last, First, Middle Initial)			Date of Disbursement
NEW MILFORD  Purpose of Disbursement wages  Candidate Name  Category/ Type  Office Sought:  Disbursement For: 2008 Senate Primary General X Other (specify)  V		Mailing Address 219 VIRGINIA AVENUE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & R \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Q \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & N \\ Z & Q & Q & R \end{smallmatrix} \end{bmatrix}$
wages  Candidate Name  Category/ Type  Office Sought: House Disbursement For: 2008 Senate Primary General President X Other (specify) ▼					Amount of Each Disbursement this Period
Office Sought:  Senate Primary President  Disbursement For: 2008  General  X Other (specify) ▼		wages			1458.34
otate. District. Other		Senate President X	Primary General		
SUBTOTAL of Disbursements This Page (optional)	Γ,				1751.09

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		ed from such Report rposes, other than us															s
$\setminus$	NAME OF COM	, ,															
<u>/</u>	ARMENIAN A	MERICAN PAC (A	ARMENPAC	;) 													
	Full Name (Last, JASON CAPIZ	First, Middle Initial)										<b>ion ID</b> isburs		SB21E ent	3.84	12	
	Mailing Address	219 VIRGINIA	AVENUE							0 <sup>M</sup> 9	М	/ D	15	/ Y	ž	o ŏ e	8 <sup>Y</sup>
	City NEW MILFOR	D		State NJ	Zip Code 07646					Amou	ınt c	f Each	n Dis	sburse	men	t this I	Period
	Purpose of Disbu	ursement				Г	-		7	L.					14	58.3	4
	Candidate Name					С	atego Type	-	′								
	Office Sought:	House Senate President	X	ment For: Primary Other (sp	2008 General												
	State:	District:	Other														
	Full Name (Last, JASON CAPIZ	First, Middle Initial)								Date	of D	isburs	eme	SB21E ent			
	Mailing Address	219 VIRGINIA	AVENUE							0 <sup>M</sup> 9	М	/ D	3 0	/ Y	ž	0 0 8	8 <sup>Y</sup>
	City NEW MILFOR	D		State NJ	Zip Code 07646					Amou	ınt c	f Each	n Dis	burse	men	t this I	Period
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	Candidate Name					С	atego Type	-	/								
	Office Sought:	House Senate President		ment For: Primary Other (sp	2008 General												
	State:	District:	Other	Othor (op	ooy) <b>∀</b>												
	Full Name (Last, SHOVI WEBS	First, Middle Initial) ITES	•									<b>ion ID</b> isburs		SB21E ent	3.84	-08	
	Mailing Address	26 Liberty Roa	ad							0 <sup>M</sup> 7	М	/ D	8 0	/ Y	ž	0 0 8	8 <sup>Y</sup>
	City Bedford			State MA	Zip Code 01730					Amou	ınt c	f Each	n Dis	sburse	men	t this	Period
	Purpose of Disbu	ursement maintenance/develor	oment			Г	v			L.					, 2	14.0	0
	Candidate Name					С	atego Type	-	′								
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (sp	2008 General		712										
	State:	District:	Other	onioi (sp	y <sub>/</sub> ▼												

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

State:

A.

# **SCHEDULE B (FEC Form 3X)**

District:

Other

FOR LINE NUMBER: PAGE 13 / 18 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 23 26 27 28a 28b 29 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) Transaction ID: SB21B.8409 SHOVI WEBSITES Date of Disbursement 13 0 8 2008 Mailing Address 26 Liberty Road City State Zip Code Amount of Each Disbursement this Period Bedford MA 01730 214.00 Purpose of Disbursement wages - website maintenance/development Candidate Name Category/ Type Office Sought: Disbursement For: 2008 House Senate General Primary President X Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	214.00
TOTAL This Period (last page this line number only)	<b></b>	13648.61

A.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	27 28a 28b	PAGE 14 / 18  24
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) ARMENIAN AMERICAN PAC (ARMENPAC	)		
Full Name (Last, First, Middle Initial) MITCH MCCONNELL  Mailing Address 2318 DUNDEE ROAD		Transaction ID: Since the part of Disbursement of No. 100 pt.	
	state Zip Code (Y 40205	Amount of Each Disk	oursement this Period
Senate Candidate Contribution Candidate Name		ategory/ Type	
Office Sought:    House   Disburse     X Senate   President     State: KY District: 00	nent For: 2008 Primary X General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	1000.00

### PAGE 15 / 18 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) X 9 numbered line) **Excluding Loans** 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 from 7/26/02 \$3500 overpayment Mida Giragosian Mailing Address 1316 N. Campbell Suite 6 City State ZIP Code 48067 Royal Oak MI Outstanding Balance Beginning This Period Transaction ID: SD9.5944 300.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 300.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): re-pay of ARMENPAC overpayment Mida Giragosian Mailing Address 1316 Campbell Suite 6 State 7IP Code City MI 48067 Royal Oak 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 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mida Giragosian Repay of 7/26/02 \$3500 overpayment. Mailing Address 1316 N. Campbell Suite 6 ZIP Code City State Royal Oak 48067 ΜI 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 0.00 200.00 700.00 1) SUBTOTALS This Period This Page (optional)..... 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)

### Image# 28992458939 PAGE 16 / 18 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) X 9 numbered line) **Excluding Loans** 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 7/26/02 \$3500 overpayment Mida Giragosian Mailing Address 1316 N. Campbell Suite 6 City State ZIP Code 48067 Royal Oak MI Outstanding Balance Beginning This Period Transaction ID: SD9.6542 100.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 100.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): re-pay of 7/26/02 \$3500 overpayment Mida Giragosian Mailing Address 1316 N. Campbell Suite 6 State ZIP Code City 48067 Royal Oak MI Outstanding Balance Beginning This Period Transaction ID: SD9.6543 100.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 100.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): re-pay of 7/26/02 \$3500 overpayment Mida Giragosian Mailing Address 1316 N. Campbell Suite 6

1) SUBTOTALS This Period This Page (optional)	<b>•</b>	1	1	1	-	-	1	300	0.00	)	
2) TOTALS This Period (last page this line number only)	<b>-</b> ▶		1					1	1	-	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<b>•</b>	_								<u> </u>	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	_ ▶	_									

Payment This Period

0.00

ZIP Code

48067

State

100.00

0.00

ΜI

Outstanding Balance Beginning This Period

Amount Incurred This Period

Transaction ID: SD9.6544

Outstanding Balance at Close of This Period

100.00

City

Royal Oak

### PAGE 17 / 18 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) X 9 numbered line) **Excluding Loans** 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 7/26/04 \$3500 overpayment Mida Giragosian Mailing Address 1316 N. Campbell Suite 6 City State ZIP Code 48067 Royal Oak MI Outstanding Balance Beginning This Period Transaction ID: SD9.6582 100.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 100.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): repay of 7/26/02 \$3,500 overpayment Mida Giragosian Mailing Address 1316 N. Campbell Suite 6 State 7IP Code City 48067 Royal Oak MI Outstanding Balance Beginning This Period Transaction ID: SD9.7554 600.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 600.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): repay of 7/26/02 \$3,500 overpayment Mida Giragosian Mailing Address 1316 N. Campbell Suite 6 ZIP Code City State Royal Oak 48067 ΜI Outstanding Balance Beginning This Period Transaction ID: SD9.7596 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 200.00 900.00 1) SUBTOTALS This Period This Page (optional)..... 1900.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

1900.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

### Image# 28992458941

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 ARM PAC. This 12/31/03 payment of debt represents the first installment.

Form/Schedule: **SD9**Transaction ID: **SD9.6021** 

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