

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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 2007 through 12 31 2007

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 J. Kechejian

Signature of Treasurer Electronically Filed by Dr. Sarkis J. Kechejian Date 01 31 2008

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)
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**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	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		36072.71
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	37864.40									
(c) Total Receipts (from Line 19)	37675.00	67799.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75539.40	103871.71								
7. Total Disbursements (from Line 31)	35690.82	64023.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39848.58	39848.58								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
ARMENIAN AMERICAN PAC (ARMENPAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	30350.00	58649.00
(i) Itemized (use Schedule A)	7325.00	9150.00
(ii) Unitemized	37675.00	67799.00
(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)	37675.00	67799.00
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))	37675.00	67799.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37675.00	67799.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	36190.82	60023.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	36190.82	60023.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-1000.00	3500.00
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.....	500.00	500.00
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))..	35690.82	64023.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35690.82	64023.13

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	37675.00	67799.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37675.00	67799.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	36190.82	60023.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36190.82	60023.13

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
Arman Akarakian

Mailing Address 315 Rees Street

City State Zip Code
Playa Del Rey CA 90293

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

Name of Employer Occupation

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.7991

Amount of Each Receipt this Period
100.00

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: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.7877

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael Candan

Mailing Address 88-30 51st Ave. #ARMCO

City State Zip Code
Elmhurst NY 11373

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

Name of Employer Occupation

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.7896

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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 / 36

(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) Ms. Sarah Chitjian		Date of Receipt MM / DD / YYYY 11 / 26 / 2007		
	Mailing Address 344 North Vista Street		Transaction ID: SA11AI.7898		
	City Los Angeles	State CA	Zip Code 90036	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer retired	Occupation retired			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Dr. Nazareth E. Darakjian		Date of Receipt MM / DD / YYYY 10 / 18 / 2007		
	Mailing Address 5101 Santa Monica Blvd Suite 4 A		Transaction ID: SA11AI.8141		
	City Los Angeles	State CA	Zip Code 90029	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Dr. H. O. Doumanian		Date of Receipt MM / DD / YYYY 11 / 29 / 2007		
	Mailing Address 6451 Arthur Street		Transaction ID: SA11AI.7874		
	City Merrillville	State IN	Zip Code 46410-3122	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)

850.00

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 8 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs. Flora Dunaians

Mailing Address 3375 Lombardy Rd.

City Pasadena State CA Zip Code 91107

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
10 / 23 / 2007

Transaction ID: SA11AI.7981

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Mrs. Arda L. Haratunian

Mailing Address 496 Park Ave.

City Manhasset State NY Zip Code 11030

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
10 / 23 / 2007

Transaction ID: SA11AI.7910

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Violet Herbekian

Mailing Address 27142 Shadowcrest Lane

City Cathedral City State CA Zip Code 92234

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
10 / 23 / 2007

Transaction ID: SA11AI.7914

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mrs. Ann Hintlian
Mailing Address 7 Wood Lane
City Winchester State MA Zip Code 01890
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Investor
Receipt For: 2007
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 11 / 20 / 2007
Transaction ID: SA11AI.7915
Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
Hirair Hovnanian
Mailing Address 600 Navesink River Road
City Middletown State NJ Zip Code 07701
FEC ID number of contributing federal political committee. **C**
Name of Employer Hovsons, Inc Occupation President
Receipt For: 2007
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 10 / 16 / 2007
Transaction ID: SA11AI.7916
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
John Jamian
Mailing Address 1862 Chipping Way
City Bloomfield Hills State MI Zip Code 48302
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2007
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 08 / 29 / 2007
Transaction ID: SA11AI.8002
Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► 12500.00
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 10 / 36

(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) Rita Kechejian		Date of Receipt
	Mailing Address 50 Fairview Avenue		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Brockton	MA	02401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7879
Name of Employer Self		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) Mr. Harry Keleshian		Date of Receipt
	Mailing Address 15 Stallion Trails		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Greenwich	CT	06831
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7925
Name of Employer Self		Occupation Investor	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>

C.	Full Name (Last, First, Middle Initial) Dr. Julie Kulhanjian Strauch		Date of Receipt
	Mailing Address 125 Guilford		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Piedmont	CA	94611
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7931
Name of Employer		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>

SUBTOTAL of Receipts This Page (optional) ▶

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Carolyn G. Mugar

Mailing Address 596 Franklin Street

City State Zip Code
Cambridge MA 02139

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

Name of Employer Self Occupation Investments

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.7940

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Mr. Poozant Piranian

Mailing Address 43 Rockwood Road

City State Zip Code
Plandome NY 11030

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

Name of Employer Occupation

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.7955

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Ralph Rafaelian

Mailing Address 91 Tupelo Hill Dr.

City State Zip Code
Cranston RI 02920

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

Name of Employer Cinerama Jewelry Occupation Jewelry manufacturer

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11AI.7956

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **6500.00**

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 12 / 36
(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)
Mr. David Sahagian

Mailing Address 49 Hunting Rd.

City State Zip Code
Needham MA 02494

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

Name of Employer Occupation

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.7958

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. David Sahagian

Mailing Address 49 Hunting Rd.

City State Zip Code
Needham MA 02494

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

Name of Employer Occupation

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

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

Transaction ID: SA11AI.7959

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address P.O. Box 649

City State Zip Code
State College PA 16804

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

Name of Employer Occupation

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

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

Transaction ID: SA11AI.7960

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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 13 / 36	
	(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"/> 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) Aram Stepanyan		Date of Receipt																					
Mailing Address 124 Windsor Ave.		<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>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	5		2	0	0	7														
City	State	Zip Code	Transaction ID: SA11AI.8048																				
Upper Darby	PA	19082	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		C																			
C																							
Name of Employer		Occupation																					
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>250.00</td><td></td> </tr> </table>																				250.00	
								250.00															
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>250.00</td><td></td> </tr> </table>																				250.00	
								250.00															

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"><tr><td>250.00</td></tr></table>	250.00
250.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td>30350.00</td></tr></table>	30350.00
30350.00			

**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

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)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) 408 STRATEGIC COMMUNICATIONS LLC</p> <p>Mailing Address 543 Forest Avenue</p> <p>City Lyndhurst State NJ Zip Code 07071</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</p> <p>State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Other</p>	<p>Transaction ID: SB21B.8130</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) 408 STRATEGIC COMMUNICATIONS LLC</p> <p>Mailing Address 543 Forest Avenue</p> <p>City Lyndhurst State NJ Zip Code 07071</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</p> <p>State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Other</p>	<p>Transaction ID: SB21B.8126</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) 408 STRATEGIC COMMUNICATIONS LLC</p> <p>Mailing Address 543 Forest Avenue</p> <p>City Lyndhurst State NJ Zip Code 07071</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</p> <p>State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Other</p>	<p>Transaction ID: SB21B.8127</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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 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.</p> <p>Full Name (Last, First, Middle Initial) 408 STRATEGIC COMMUNICATIONS LLC</p> <p>Mailing Address 543 Forest Avenue</p> <p>City Lyndhurst State NJ Zip Code 07071</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: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8129</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) 408 STRATEGIC COMMUNICATIONS LLC</p> <p>Mailing Address 543 Forest Avenue</p> <p>City Lyndhurst State NJ Zip Code 07071</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: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8128</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) KARNI BAGHDIKIAN</p> <p>Mailing Address 118 LYNDON STREET</p> <p>City HERMOSA BEACH State CA Zip Code 90254</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: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8122</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 690.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1690.00

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)

<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) Mr. Michael Beranek	Transaction ID: SB21B.8138 Date of Disbursement
	Mailing Address 540 Natali St	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="24"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/>
	City Austin State TX Zip Code 78748	Amount of Each Disbursement this Period
	Purpose of Disbursement wages, fec report data analysis services	<input type="text" value="255.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	Other

B.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.	Transaction ID: SB21B.8116 Date of Disbursement
	Mailing Address 219 Virginia Avenue	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/>
	City New Milford State NJ Zip Code 07646	Amount of Each Disbursement this Period
	Purpose of Disbursement reimbursable expenses	<input type="text" value="219.01"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	Other

C.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.	Transaction ID: SB21B.8113 Date of Disbursement
	Mailing Address 219 Virginia Avenue	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="13"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/>
	City New Milford State NJ Zip Code 07646	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	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	Other

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1932.35"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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<input 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 Parris Capizzi, Esq.	Transaction ID: SB21B.8111 Date of Disbursement 07 / 31 / 2007
	Mailing Address 219 Virginia Avenue	Amount of Each Disbursement this Period 1458.34
	City New Milford State NJ Zip Code 07646	
	Purpose of Disbursement wages	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.	Transaction ID: SB21B.8109 Date of Disbursement 08 / 15 / 2007
	Mailing Address 219 Virginia Avenue	Amount of Each Disbursement this Period 1458.34
	City New Milford State NJ Zip Code 07646	
	Purpose of Disbursement wages	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.	Transaction ID: SB21B.8110 Date of Disbursement 08 / 28 / 2007
	Mailing Address 219 Virginia Avenue	Amount of Each Disbursement this Period 1430.19
	City New Milford State NJ Zip Code 07646	
	Purpose of Disbursement reimbursable expenses	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	4346.87
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 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 Parris Capizzi, Esq.	Transaction ID: SB21B.8114 Date of Disbursement 08 / 31 / 2007
	Mailing Address 219 Virginia Avenue	Amount of Each Disbursement this Period 1458.34
	City New Milford State NJ Zip Code 07646	
	Purpose of Disbursement wages	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	Other

B.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.	Transaction ID: SB21B.8112 Date of Disbursement 09 / 05 / 2007
	Mailing Address 219 Virginia Avenue	Amount of Each Disbursement this Period 314.73
	City New Milford State NJ Zip Code 07646	
	Purpose of Disbursement reimbursable expenses	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	Other

C.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.	Transaction ID: SB21B.8117 Date of Disbursement 09 / 14 / 2007
	Mailing Address 219 Virginia Avenue	Amount of Each Disbursement this Period 1458.34
	City New Milford State NJ Zip Code 07646	
	Purpose of Disbursement wages	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	Other

SUBTOTAL of Disbursements This Page (optional)	3231.41
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 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 Parris Capizzi, Esq. Mailing Address 219 Virginia Avenue City New Milford State NJ Zip Code 07646 Purpose of Disbursement wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21B.8115 Date of Disbursement 09 / 28 / 2007 Amount of Each Disbursement this Period 1458.34 Category/Type
B.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq. Mailing Address 219 Virginia Avenue City New Milford State NJ Zip Code 07646 Purpose of Disbursement wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21B.8108 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 1458.34 Category/Type
C.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq. Mailing Address 219 Virginia Avenue City New Milford State NJ Zip Code 07646 Purpose of Disbursement reimbursable expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21B.8102 Date of Disbursement 10 / 25 / 2007 Amount of Each Disbursement this Period 261.12 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	3177.80
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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 Parris Capizzi, Esq.</p> <p>Mailing Address 219 Virginia Avenue</p> <p>City New Milford State NJ Zip Code 07646</p> <p>Purpose of Disbursement reimbursable expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Other</p>	<p>Transaction ID: SB21B.8106</p> <p>Date of Disbursement 10 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 3043.13</p>
<p>B. Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p> <p>Mailing Address 219 Virginia Avenue</p> <p>City New Milford State NJ Zip Code 07646</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</p> <p>State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Other</p>	<p>Transaction ID: SB21B.8101</p> <p>Date of Disbursement 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 1458.34</p>
<p>C. Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p> <p>Mailing Address 219 Virginia Avenue</p> <p>City New Milford State NJ Zip Code 07646</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</p> <p>State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Other</p>	<p>Transaction ID: SB21B.8105</p> <p>Date of Disbursement 11 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 1458.34</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5959.81

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 Parris Capizzi, Esq. Mailing Address 219 Virginia Avenue City New Milford State NJ Zip Code 07646 Purpose of Disbursement wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21B.8103 Date of Disbursement 11 / 27 / 2007 Amount of Each Disbursement this Period 1458.34 Category/Type
B.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq. Mailing Address 219 Virginia Avenue City New Milford State NJ Zip Code 07646 Purpose of Disbursement reimbursable expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21B.8107 Date of Disbursement 11 / 27 / 2007 Amount of Each Disbursement this Period 355.25 Category/Type
C.	Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq. Mailing Address 219 Virginia Avenue City New Milford State NJ Zip Code 07646 Purpose of Disbursement wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21B.8104 Date of Disbursement 12 / 14 / 2007 Amount of Each Disbursement this Period 1458.34 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	3271.93
TOTAL This Period (last page this line number only) ▶	

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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

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)

<p>A. Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p> <p>Mailing Address 219 Virginia Avenue</p> <p>City New Milford State NJ Zip Code 07646</p> <p>Purpose of Disbursement reimbursable 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: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p>Transaction ID: SB21B.8099</p> <p>Date of Disbursement 12 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 474.88</p>
<p>B. Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p> <p>Mailing Address 219 Virginia Avenue</p> <p>City New Milford State NJ Zip Code 07646</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: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p>Transaction ID: SB21B.8100</p> <p>Date of Disbursement 12 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 1458.34</p>
<p>C. Full Name (Last, First, Middle Initial) DIANA DEMIRDJIAN</p> <p>Mailing Address 61-45 80th Street</p> <p>City Middle Village State NY Zip Code 11379</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: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p>Transaction ID: SB21B.8120</p> <p>Date of Disbursement 07 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2183.22

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 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) JERSEY PRINTING	Transaction ID: SB21B.8137
	Mailing Address 238 Pennsylvania Avenue	Date of Disbursement 12 / 20 / 2007
	City Paterson State NJ Zip Code 07503	Amount of Each Disbursement this Period 3600.00
	Purpose of Disbursement Public Relations	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	Other

B.	Full Name (Last, First, Middle Initial) SHOVI WEBSITES	Transaction ID: SB21B.8090
	Mailing Address 26 Liberty Road	Date of Disbursement 07 / 16 / 2007
	City Bedford State MA Zip Code 01730	Amount of Each Disbursement this Period 214.00
	Purpose of Disbursement wages - website maintenance/development	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	Other

C.	Full Name (Last, First, Middle Initial) SHOVI WEBSITES	Transaction ID: SB21B.8093
	Mailing Address 26 Liberty Road	Date of Disbursement 09 / 14 / 2007
	City Bedford State MA Zip Code 01730	Amount of Each Disbursement this Period 463.00
	Purpose of Disbursement wages - website maintenance/development	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	Other

SUBTOTAL of Disbursements This Page (optional)	▶	4277.00
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)

<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.8092	
	Date of Disbursement	
	MM / DD / YYYY 10 / 17 / 2007	
	Amount of Each Disbursement this Period	
Mailing Address 26 Liberty Road	214.00	
City Bedford State MA Zip Code 01730		
Purpose of Disbursement wages - website maintenance/development	<input type="checkbox"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Other	
B. Full Name (Last, First, Middle Initial) SHOVI WEBSITES	Transaction ID: SB21B.8091	
	Date of Disbursement	
	MM / DD / YYYY 11 / 20 / 2007	
	Amount of Each Disbursement this Period	
Mailing Address 26 Liberty Road	964.00	
City Bedford State MA Zip Code 01730		
Purpose of Disbursement wages - website maintenance/development	<input type="checkbox"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Other	
C. Full Name (Last, First, Middle Initial) SHOVI WEBSITES	Transaction ID: SB21B.8089	
	Date of Disbursement	
	MM / DD / YYYY 12 / 18 / 2007	
	Amount of Each Disbursement this Period	
Mailing Address 26 Liberty Road	214.00	
City Bedford State MA Zip Code 01730		
Purpose of Disbursement wages - website maintenance/development	<input type="checkbox"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Other	

SUBTOTAL of Disbursements This Page (optional)	▶	1392.00
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 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

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)
THE CONFERENCE GROUP

Transaction ID: SB21B.8084

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	7

Mailing Address 254 CHAPMAN ROAD
TOPKIS BUILDING SUITE 200

City NEWARK State DE Zip Code 19702

Amount of Each Disbursement this Period

43.68

Purpose of Disbursement
Conference Call Fee

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: District:

Other

B.

Full Name (Last, First, Middle Initial)
THE CONFERENCE GROUP

Transaction ID: SB21B.8086

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Mailing Address 254 CHAPMAN ROAD
TOPKIS BUILDING SUITE 200

City NEWARK State DE Zip Code 19702

Amount of Each Disbursement this Period

15.36

Purpose of Disbursement
Conference Call Fee

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: District:

Other

C.

Full Name (Last, First, Middle Initial)
THE CONFERENCE GROUP

Transaction ID: SB21B.8085

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	0	7

Mailing Address 254 CHAPMAN ROAD
TOPKIS BUILDING SUITE 200

City NEWARK State DE Zip Code 19702

Amount of Each Disbursement this Period

61.68

Purpose of Disbursement
Conference Call Fee

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: District:

Other

SUBTOTAL of Disbursements This Page (optional) ►

120.72

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

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**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 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) THE CONFERENCE GROUP <hr/> Mailing Address 254 CHAPMAN ROAD TOPKIS BUILDING SUITE 200 <hr/> City NEWARK State DE Zip Code 19702 <hr/> Purpose of Disbursement Conference Call Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21B.8087 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 33.12
	Category/ Type
B. Full Name (Last, First, Middle Initial) ZIP PRINTING <hr/> Mailing Address 28635 Southfield Road <hr/> City Lathrup Village State MI Zip Code 48076 <hr/> Purpose of Disbursement Public Relations Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21B.8133 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 2865.00
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2898.12

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

35981.23

**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) ROBERT E ANDREWS	Transaction ID: SB23.8081 Date of Disbursement
	Mailing Address 215 FOURTH AVENUE	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City HADDON HEIGHTS State NJ Zip Code 08035	Amount of Each Disbursement this Period
	Purpose of Disbursement House Candidate Contribution	<input type="text" value="1000.00"/>
	Candidate Name ROBERT E ANDREWS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District: 01	

B.	Full Name (Last, First, Middle Initial) ROBERT E ANDREWS	Transaction ID: SB23.8164 Date of Disbursement
	Mailing Address 215 FOURTH AVENUE	<input type="text" value="12"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City HADDON HEIGHTS State NJ Zip Code 08035	Amount of Each Disbursement this Period
	Purpose of Disbursement House Candidate Contribution	<input type="text" value="-1000.00"/>
	Candidate Name ROBERT E ANDREWS	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: NJ District: 01	

C.	Full Name (Last, First, Middle Initial) ROSA DELAURO	Transaction ID: SB23.8169 Date of Disbursement
	Mailing Address 49 Huntington Street	<input type="text" value="12"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City New Haven State CT Zip Code 06511	Amount of Each Disbursement this Period
	Purpose of Disbursement House Candidate Contribution	<input type="text" value="-1000.00"/>
	Candidate Name ROSA DELAURO	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: CT District: 03	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="-1000.00"/>
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)

<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) ELIOT ENGEL	Transaction ID: SB23.8080 Date of Disbursement 10 / 18 / 2007
	Mailing Address 4901 Henry Hudson Parkway	Amount of Each Disbursement this Period 1000.00
	City Bronx State NY Zip Code 10471	
	Purpose of Disbursement House Candidate Contribution	Category/ Type
	Candidate Name ELIOT ENGEL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 17	

B.	Full Name (Last, First, Middle Initial) RUSH D HOLT	Transaction ID: SB23.8167 Date of Disbursement 12 / 31 / 2007
	Mailing Address PO Box 782	Amount of Each Disbursement this Period -1000.00
	City Pennington State NJ Zip Code 08534	
	Purpose of Disbursement House Candidate Contribution	Category/ Type
	Candidate Name RUSH D HOLT	
	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: NJ District: 12	

C.	Full Name (Last, First, Middle Initial) MITCH MCCONNELL	Transaction ID: SB23.8156 Date of Disbursement 06 / 19 / 2007
	Mailing Address 2318 DUNDEE ROAD	Amount of Each Disbursement this Period 1500.00
	City LOUISVILLE State KY Zip Code 40205	
	Purpose of Disbursement originally reported on Mid-Year 2007	Category/ Type
	Candidate Name MITCH MCCONNELL	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: KY District: 00	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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) MITCH MCCONNELL	Transaction ID: SB23.8157 Date of Disbursement 07 / 30 / 2007
	Mailing Address 2318 DUNDEE ROAD	Amount of Each Disbursement this Period 250.00
	City LOUISVILLE State KY Zip Code 40205	
	Purpose of Disbursement redesignation	[MEMO ITEM]
	Candidate Name MITCH MCCONNELL	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	
	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MITCH MCCONNELL	Transaction ID: SB23.8079 Date of Disbursement 08 / 06 / 2007
	Mailing Address 2318 DUNDEE ROAD	Amount of Each Disbursement this Period 1000.00
	City LOUISVILLE State KY Zip Code 40205	
	Purpose of Disbursement Senate Candidate Contribution	
	Candidate Name MITCH MCCONNELL	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	
	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) E CLAY JR SHAW	Transaction ID: SB23.8168 Date of Disbursement 12 / 31 / 2007
	Mailing Address P.O. Box 2188	Amount of Each Disbursement this Period -1000.00
	City Fort Lauderdale State FL Zip Code 33303	
	Purpose of Disbursement House Candidate Contribution	
	Candidate Name E CLAY JR SHAW	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	-1000.00

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

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

A.

Full Name (Last, First, Middle Initial)
THE JIRAIR S. & ELIZABETH HOVNANIAN FAMILY FOUNDATION

Transaction ID: SB29.8124

Date of Disbursement

Mailing Address 900 Birchfield Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	7

City State Zip Code
Mount Laurel NJ 08054

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
foundation donation in lieu of flowers

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: District:

Other

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	Nature of Debt (Purpose): re-pay 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 300.00	Transaction ID: SD9.5944	
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): re-pay of ARMENPAC overpayment
Mailing Address 1316 Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period 200.00	Transaction ID: SD9.6021	
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): 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 200.00	Transaction ID: SD9.6072	
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): re-pay 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: SD9.6542	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	▶	300.00
2) TOTALS This Period (last page this line number only).....	▶	
3) 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): re-pay of 7/26/04 \$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: SD9.6582	
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): repay of 7/26/02 \$3,500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City Royal Oak State MI ZIP Code 48067	

Outstanding Balance Beginning This Period 600.00	Transaction ID: SD9.7554	
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): repay of 7/26/02 \$3,500 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: SD9.7596	
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

Image# 28930192012

Form/Schedule: **SB23** check not cashed, originally disbursed on 7/24/06; reported on October 15 Quarterly Report (closed on 10/14/06-
Transaction ID: **SB23.8164**).

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/27/06; reported on October 15 Quarterly Report (closed on 10/14/06-
Transaction ID: **SB23.8169**).

Image# 28930192013

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/27/06; reported on October 15 Quarterly Report (closed on 10/14/06-
Transaction ID: **SB23.8167**).

Form/Schedule: **SB23** check not cashed, originally disbursed on 9/27/06; reported on October 15 Quarterly Report (closed on 10/14/06-
Transaction ID: **SB23.8168**).

Image# 28930192014

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.

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

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