

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
ADMINISTRATIVE

JUL 18 11 38 AM '94

1. NAME OF COMMITTEE (in full)  
**ARMENIAN NATIONAL COMMITTEE  
POLITICAL ACTION COMMITTEE**

ADDRESS (number and street)  Check if different than previously reported  
**419 A WEST COLORADO STREET**

CITY, STATE and ZIP CODE  
**GLENDALE, CA 91204**

2. FEC IDENTIFICATION NUMBER  
**C00146969**

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

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- February 20     June 20     October 20
- March 20     July 20     November 20
- April 20     August 20     December 20
- May 20     September 20     January 31

- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
1-1-94 through 6-30-94		
6. (a) Cash on Hand January 1, 1994		\$ 448.73
(b) Cash on Hand at Beginning of Reporting Period	\$ 448.73	
(c) Total Receipts (from Line 19)	\$ 19020.00	\$ 19020.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(e) for Column B)	\$ 19468.73	\$ 19468.73
7. Total Disbursements (from Line 20)	\$ 17056.89	\$ 17056.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2411.84	\$ 2411.84
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Tel Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	

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  
**VIKEN DAKRADOUNI**

Signature of Treasurer  
*Viken Dakradouni*

Date  
**7/15/94**

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

FEC FORM 3X

(revised 8/93)

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# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE <u>ARMENIAN NATIONAL COMMITTEE</u> <u>POLITICAL ACTION COMMITTEE</u>		REPORT COVERING PERIOD	
		FROM	TO
		1-1-94	6-30-94
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....		13750-	13750-
ii. Unitemized .....		5270-	5270-
iii. Total .....		19020-	19020-
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contributions .....		19020-	19020-
12. Transfers From Affiliated/Other Party Committees .....			
13. All Loans Received .....			
14. Loan Repayments Received .....			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			
17. Other Federal Receipts (Dividends, Interest, etc.) .....			
18. Transfers from Nonfederal Account for Joint Activity .....			
19. Total Receipts .....		19020-	19020-
20. Total Federal Receipts .....			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....			
ii. Non-Federal Share .....			
b. Other Federal Operating Expenditures .....		2556.89	2556.89
c. Total Operating Expenditures .....		2556.89	2556.89
22. Transfers to Affiliated/Other Party Committees .....			
23. Contributions to Federal Candidates/Committees and Other Political Committees .....			
24. Independent Expenditures (use Schedule E) .....		14500-	14500-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			
26. Loan Repayments Made .....			
27. Loans Made .....			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....			
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contribution Refunds .....			
29. Other Disbursements .....			
30. Total Disbursements .....		17056.89	17056.89
31. Total Federal Disbursements .....			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d) .....		19020-	19020-
33. Total Contribution Refunds (from line 28d) .....		0	0
34. Net Contributions (other than loans)(subtract line 33 from 32) .....		19020-	19020-
35. Total Federal Operating Expenditures .....		2556.89	2556.89
36. Offsets to Operating Expenditures (from line 15) .....		0	0
37. Net Operating Expenditures .....		2556.89	2556.89

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 1101

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 committees.

NAME OF COMMITTEE (In Full)

ARMENIAN NATIONAL COMMITTEE - POLITICAL ACTION COMMITTEE

94032105026

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dikran Horoupian 843 Lathrop Drive Stanford, CA 94305	Stanford University	1-12-94 4-7-94	50 - 200 -
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician/lecturer	Aggregate Year-to-Date > \$250 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Misserlian 1925 15th Avenue San Francisco, CA 94116	Self-employed	6-3-94	5000 -
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Jeweler	Aggregate Year-to-Date > \$5000 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruben Gharagozian 555 Exeter Way San Carlos, CA 94070	National Semiconductors	4-7-94	200 -
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Engineer	Aggregate Year-to-Date > \$200 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francois Antonian 2400 Broadway San Francisco, CA 94115	Self-employed	4-5-94	200 -
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: physician	Aggregate Year-to-Date > \$200 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Levan Ishay 148 Tarrytown San Mateo, CA 94402	Self-Employed	4-22-94	700 -
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Jeweler	Aggregate Year-to-Date > \$700 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Simon Chouldjian 500 39th Avenue San Francisco, CA 94121	LUXCOM INC	6-8-94	500 -
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Engineer	Aggregate Year-to-Date > \$500 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Garbis Bezjian 2520 Old Middlefield Way Mountain View CA 94043	Self-Employed	4-5-94 5-21-94	2000 - 1000 -
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Auto Mechanic	Aggregate Year-to-Date > \$3000 -	

SUBTOTAL of Receipts This Page (optional)

9850

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

ARMENIAN NATIONAL COMMITTEE - POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KRIMOR KROUZIAN 485 MARINA BLVD. SAN FRANCISCO, CA 94123 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	5-21-94	1000 -
Aggregate Year-to-Date > \$ 1000 -			
KHATAK SARKISSIAN ONE MARKET PLAZA SAN FRANCISCO, CA 94105 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed	6-8-94	1000 -
Aggregate Year-to-Date > \$ 1000 -			
NEVART APIKIAN 125 PARKWAY DRIVE SYRACUSE, NY 13207 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	1-21-94	300 -
Aggregate Year-to-Date > \$ 300 -			
HAGOP SERAPIAN 1931 BELLA VISTA DRIVE ARCADIA, CA 91007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		1-21-94	500 -
Aggregate Year-to-Date > \$ 500 -			
VERGINE MISSERLIAN 1925 15th AVENUE SAN FRANCISCO, CA 94116 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self employed	4-13-94	100 -
Aggregate Year-to-Date > \$ 1100 -			
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)	3900 -
TOTAL This Period (last page this line number only)	13750 -

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 111 OF  
FOR LINE NUMBER 216

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NAME OF COMMITTEE (in Full)  
**ARMENIAN NATIONAL COMMITTEE - POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CALIFORNIA COURIER POST OFFICE BOX 5390 GLENDALE, CA 91221	ADVERTISEMENT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-10-94	500 -
B. Full Name, Mailing Address and ZIP Code KASL PRINTING 2307 EAST COLORADO BLVD PASADENA, CA 91107	PRINTING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-14-94	700 -
C. Full Name, Mailing Address and ZIP Code KASL PRINTING SAME	PRINTING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-24-94	400 -
D. Full Name, Mailing Address and ZIP Code KASL PRINTING SAME	PRINTING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-17-94	425 -
E. Full Name, Mailing Address and ZIP Code KASL PRINTING SAME	PRINTING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-15-94	503.69
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... **2528.69**

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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 NATIONAL COMMITTEE - POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
DELOSI FOR CONGRESS 1 BUSH STREET #100 San Francisco, CA 94104	Purpose of Disbursement: JANEY DELOSI US HOUSE OF REPS	4-5-94	1000 -
B. Full Name, Mailing Address and ZIP Code FEINSTEIN FOR SENATE 904 MONT GOMERY #102 San Francisco, CA 94133	Purpose of Disbursement: DIANNE FEINSTEIN U.S. SENATE	4-5-94	1000 -
C. Full Name, Mailing Address and ZIP Code HAMILTON FOR CONGRESS	Purpose of Disbursement: LEE HAMILTON US HOUSE OF REPS	6-10-94	2500 -
D. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee	Purpose of Disbursement	6-10-94	10,000 -
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

14500 -

TOTAL This Period (last page this line number only)

94039103029

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE**  
**FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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