FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_	N						Office use	only			
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exar over	nple: If typyi the lines	ng, type		12F	E4M	-	T I	Olly			
ARMENIAN AI	MERICAN PAC (A	ŖMENPĄC)			1 1 1							1	1 1	. 1
ADDRESS (number and	780 S	Sunset Terrace			1 1 1			1 1	- 	 			 	
_											1 1			. 1
X (Check if addr is changed)		klin Lakes					_N	 ']	L	07	7417	 _L_		<u>—</u> Ш
			CITY▲			;	STAT	E▲			ZIP CC	DE 4		
COMMITTEE'S E-MA	IL ADDRESS Parmenpac.org													
jason.capizzio				ш			ш	ш		ш	ш		щ	Щ.
				ШШ			ш	Ш		Ш	Ш		Щ	
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)												
							ш	ш		ш	ш		ш	
						1	ш	ш		ш	ш		ш	Ш
COMMITTEE'S FAX N	NUMBER													
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2. DATE 0.2	1 1 6 Y	2008 [°]												
3. FEC IDENTIFICA	ATION NUMBER	C	C 00	352054										
4. IS THIS STATEM	MENT NEW	/ (N) OR	X	AMEN	DED (A)									
I certify that I have exam	ined this Statement and	to the best of my know	vledge an	d belief it is t	rue, correc	t and	compl	ete						
Type or Print Name of	Treasurer	Stephen Charles	Aslania	ın										
Signature of Treasurer	. Electronically File	d by Stephen C	harles	Aslanian			ate	M 0	2 ^M	/ D	2 0 /	Y	Ý 2 0	°0 9
NOTE: Submission of fa		nplete information may								s of 2 U	.S.C. S	437g.		
Office Use Only				For further Federal Elec Toll Free 80	ction Comi 0-424-953	missic					C FO			

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5.		COMMITTEE (Check One) Committee:								
	(a)	(a) This committee is a principal campaign committee. (Complete the candidate information below.)								
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)									
	Name of Candidate									
	Candidate Party Affilia	Office Sought: House Senate President	State District							
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.									
	Name of Candidate									
	Party Com									
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.							
	Political Action Committee (PAC):									
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:									
		Corporation Corporation w/o Capital Stock La	bor Organization							
		Membership Organization Trade Association Co	poperative							
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or a committee. (i.e., nonconnected committee)									
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)									
	Joint Fund	raising Representative:								
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political							
	(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.									
	Co	mmittees Participating in Joint Fundraiser								
		1. FEC ID number								
		2. FEC ID number								
		3. FEC ID number								
		4. FEC ID number C								
		FEC ID number								

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W	/rite or Type Committee Name								
	ARMENIAN AMERICAN	PAC (ARMENPAC)							
6.	Name of Any Connected Org	anization, Affiliated Committee, Leadership F	PAC Sponsor or Joint Fundraisi	ng Representative					
١.	NONE								
	Mailing Address								
		CITY▲	STATE A	ZIP CODE					
	Relationship:								
	Connected Organization	Affiliated Committee Leader	ship PAC Sponsor Joint	Fundraising Representative					
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in								
	possession of Committee books and records.								
	Full Name Jason Parris Capizzi								
	Mailing Address	24 Avenue at Port Imperia	1 209						
		West New York		07093					
	Title or Position ▼	CITY A	STATE	ZIP CODE A					
			Telephone number	- <u>347</u> - <u>2141</u>					
_	Turana list the proper		f the transcript of the committee	too, and the					
8.		and address (phone number optional) o designated agent (e.g., assistant treasure		lee, and the					
	Full Name	or Observe Astronton							
	of Treasurer Stepne	n Charles Aslanian							
	Mailing Address	780 Sunset Terrace							
		Franklin Lakes		07417					
	Title or Position ♥	CITY ▲	STATE	ZIP CODE A					
			Telephone number 201	_ 321 _ 7812					

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Full Name of Designated Agent								
Mailing Addres	s							
Title or Position \	CITY A		ZIP CODE A					
		Telephone number						
safety deposit bo	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.							
	HSBC Bank USA, N.A. 20 North Park Place							
Mailing Address								
	Morristown	NJ NJ	07960					
	CITY 🗖	STATE 4	ZIP CODE 🛕					
Name of Bank, [Depository, etc.							
Mailing Address								
	CITY ▲	STATE △	ZIP CODE 🛕					