

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Nancy Najarian for Congress

ADDRESS (number and street)

1857 Massachusetts Avenue

Check if different  
than previously  
reported. (ACC)

McLean

VA

22101

2. **FEC IDENTIFICATION NUMBER** ▼

C

C00558130

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

VA

08

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 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2014

through

M M / D D / Y Y Y Y  
06 / 30 / 2014

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 Michael Stimson

Signature of Treasurer

Michael Stimson

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
07 / 15 / 2014

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 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 50

Write or Type Committee Name

Nancy Najarian for Congress

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3255.00	103251.00
(b) Total Contribution Refunds (from Line 20(d)) .....	89080.00	89330.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	-85825.00	13921.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	55797.05	78524.08
(b) Total Offsets to Operating Expenditures (from Line 14).....	3480.00	3480.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	52317.05	75044.08
8. Cash on Hand at Close of Reporting Period (from Line 27).....	86626.92	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	152000.00	

## 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

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Nancy Najarian for Congress

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

1250.00

87130.00

(ii) Unitemized.....

2005.00

15121.00

(iii) TOTAL of contributions from individuals ▶

3255.00

102251.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

1000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

3255.00

103251.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

204000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

204000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

3480.00

3480.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

6735.00

310731.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 50

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	55797.05	78524.08
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	52000.00	52000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	52000.00	52000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	88080.00	88330.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	1000.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	89080.00	89330.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	196877.05	219854.08

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	276768.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6735.00
25. SUBTOTAL (add Line 23 and Line 24).....	283503.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	196877.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	86626.92

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 50

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Nancy Najarian for Congress**

Full Name (Last, First, Middle Initial)

**Michael Herman**

Mailing Address 99 E 4th St

City

New York

State

NY

Zip Code

10003-9045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Elie Tahari

Occupation

President Sales

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		04		2014

Transaction ID : VNJ5SCXWHR8

Amount of Each Receipt this Period

500.00

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

**ActBlue**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3130.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		18		2014

Transaction ID : VNJ5SCXWHR8E

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**Berge Setrakian**

Mailing Address 191 Cedar St

City

Englewood

State

NJ

Zip Code

07631-3130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DLA Piper LLP (US)

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2014

Transaction ID : VNJ5SCXWHA7

Amount of Each Receipt this Period

500.00

\* Earmarked Contribution: See Below

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 6 OF 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Nancy Najarian for Congress**

Full Name (Last, First, Middle Initial)

**ActBlue**

**A.**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

3130.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 05 / 2014

Transaction ID : VNJ5SCXWHA7E

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**Jack/Lilit Yaghoubian**

**B.**

Mailing Address PO Box 55684

City

Sherman Oaks

State

CA

Zip Code

91413-0684

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Not employed

Not employed

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 01 / 2014

Transaction ID : VNJ5SCXWH73

Amount of Each Receipt this Period

250.00

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

**ActBlue**

**C.**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

3130.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 05 / 2014

Transaction ID : VNJ5SCXWH73E

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

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

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

250.00

1250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 50

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**Nancy Najarian for Congress**

**A.**

Full Name (Last, First, Middle Initial)

**VA State Board of Election**

Mailing Address 101 N 14th St

City

Richmond

State

VA

Zip Code

23219-3684

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3480.00

Date of Receipt

**06** / **11** / **2014**

**Transaction ID : VNJ5SCW8PN7**

Amount of Each Receipt this Period

3480.00

Refund of fee

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

3480.00

3480.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 05 / 2014

Amount of Each Disbursement this Period

7.90
------

Transaction ID : VNH6H9T8PA2

**B. ActBlue Technical Services**

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 15 / 2014

Amount of Each Disbursement this Period

20.15
-------

Transaction ID : VNH6H9T8P86

**C. ActBlue Technical Services**

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 21 / 2014

Amount of Each Disbursement this Period

11.86
-------

Transaction ID : VNH6H9T79E7

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

39.91



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Baughman Company**

Mailing Address 42 Ratto Rd

City	State	Zip Code
Alameda	CA	94502-7952

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

1950.00
---------

Transaction ID : VNH6H9T8VQ5

**B. Traecie Becker**Mailing Address 6215 Kilcullen Dr  
# 22101

City	State	Zip Code
McLean	VA	22101-3225

Purpose of Disbursement  
Event planning services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

1600.00
---------

Transaction ID : VNH6H9T8W48

**c. Charlie's Umbrella**

Mailing Address 4919 Brooks St NE

City	State	Zip Code
Washington	DC	20019-5317

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

2250.00
---------

Transaction ID : VNH6H9S28G9

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

5800.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Charlie's Umbrella**

Mailing Address 4919 Brooks St NE

City	State	Zip Code
Washington	DC	20019-5317

Purpose of Disbursement  
Travel Reimbursement (unitemized)

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

44.43
-------

Transaction ID : VNH6H9T78J8

**B. Crystal Park & Ride**Mailing Address 2231 Crystal Dr  
Ste 109

City	State	Zip Code
Arlington	VA	22202-3717

Purpose of Disbursement  
Parking

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2014

Amount of Each Disbursement this Period

820.00
--------

Transaction ID : VNH6H9T7AB6

**C. Lamont A. Harrell**

Mailing Address 4919 Brooks St NE

City	State	Zip Code
Washington	DC	20019-5317

Purpose of Disbursement  
Consulting: Fundraising Services

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

2032.26
---------

Transaction ID : VNH6H9T79A5

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

2896.69

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Lamont A. Harrell**

Mailing Address 4919 Brooks St NE

City	State	Zip Code
Washington	DC	20019-5317

Purpose of Disbursement  
Health insurance

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : VNH6H9T79Y3

**B. Lamont A. Harrell**

Mailing Address 4919 Brooks St NE

City	State	Zip Code
Washington	DC	20019-5317

Purpose of Disbursement  
Consulting: Fundraising Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

2250.00
---------

Transaction ID : VNH6H9T7971

**C. JA Associates**

Mailing Address 178 Haley Rd

City	State	Zip Code
Kittery	ME	03904-5403

Purpose of Disbursement  
Consulting: communications services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

1800.00
---------

Transaction ID : VNH6H9T7AG5

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

4300.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. JA Associates**

Mailing Address 178 Haley Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2014

City	State	Zip Code
Kittery	ME	03904-5403

Amount of Each Disbursement this Period

700.00
--------

Purpose of Disbursement  
Consulting: communications servicesCategory/  
Type

Transaction ID : VNH6H9T7AJ1

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. K&L Gates**

Mailing Address 1601 K St NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

City	State	Zip Code
Washington	DC	20006-1682

Amount of Each Disbursement this Period

10000.00
----------

Purpose of Disbursement  
Legal feesCategory/  
Type

Transaction ID : VNH6H9T7922

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. K&L Gates**

Mailing Address 1601 K St NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2014

City	State	Zip Code
Washington	DC	20006-1682

Amount of Each Disbursement this Period

10000.00
----------

Purpose of Disbursement  
Legal feesCategory/  
Type

Transaction ID : VNH6H9T7956

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

20700.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Metro Offices**Mailing Address 1725 I St NW  
Ste 300

City Washington State DC Zip Code 20006-2423

Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

Amount of Each Disbursement this Period

1610.00
---------

Transaction ID : VNH6H9T79M4

**B. Metro Offices**Mailing Address 1725 I St NW  
Ste 300

City Washington State DC Zip Code 20006-2423

Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

1644.42
---------

Transaction ID : VNH6H9T8KZ2

**C. Metro Offices**Mailing Address 1725 I St NW  
Ste 300

City Washington State DC Zip Code 20006-2423

Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

Amount of Each Disbursement this Period

1951.44
---------

Transaction ID : VNH6H9T79N2

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

5205.86

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Metro Offices**Mailing Address 1725 I St NW  
Ste 300

City Washington State DC Zip Code 20006-2423

Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
06	26	2014

Amount of Each Disbursement this Period

723.39
--------

Transaction ID : VNH6H9T79T2

**B. Nancy Najarian**

Mailing Address 1857 Massachusetts Ave

City Mc Lean State VA Zip Code 22101-4906

Purpose of Disbursement  
Reimbursement, see below

Candidate Name

Nancy Najarian

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: VA District: 08

Date of Disbursement

M M	D D	Y Y Y Y
06	19	2014

Amount of Each Disbursement this Period

7534.00
---------

Transaction ID : VNH6H9T7A41

**C. Eikon Photography**

Mailing Address 1444 Independence Ave SE

City Washington State DC Zip Code 20003-1536

Purpose of Disbursement  
Photography

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
06	19	2014

Amount of Each Disbursement this Period

296.80
--------

Transaction ID : VNH6H9T7BK2

[MEMO ITEM]

\*

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

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

8257.39

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. NGP VAN**Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Software

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
06	19	2014

Amount of Each Disbursement this Period

5400.00
---------

Transaction ID : VNH6H9T7BG8

[MEMO ITEM]

\*

**B. Staples**

Mailing Address 500 Staples Dr

City Framingham State MA Zip Code 01702-4478

Purpose of Disbursement  
Office supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
06	19	2014

Amount of Each Disbursement this Period

413.32
--------

Transaction ID : VNH6H9T7BN8

[MEMO ITEM]

\*

**C. USPS**

Mailing Address 2043 Wilson Blvd

City Arlington State VA Zip Code 22201-3039

Purpose of Disbursement  
Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
06	19	2014

Amount of Each Disbursement this Period

415.55
--------

Transaction ID : VNH6H9T7BQ3

[MEMO ITEM]

\*

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

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

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Westland Printer**

Mailing Address 14880 Sweitzer Ln

City	State	Zip Code
Laurel	MD	20707-2913

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06	/	19	/	2014

Amount of Each Disbursement this Period

366.00
--------

Transaction ID : VNH6H9T7BV5

[MEMO ITEM]

\*

**B. PCMS, LLC**Mailing Address 1050 17th St NW  
Ste 590

City	State	Zip Code
Washington	DC	20036-5592

Purpose of Disbursement  
Accounting services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04	/	29	/	2014

Amount of Each Disbursement this Period

1250.00
---------

Transaction ID : VNH6H9T78C0

**c. PCMS, LLC**Mailing Address 1050 17th St NW  
Ste 590

City	State	Zip Code
Washington	DC	20036-5592

Purpose of Disbursement  
Accounting services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06	/	26	/	2014

Amount of Each Disbursement this Period

1250.00
---------

Transaction ID : VNH6H9T78D8

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

2500.00









**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Margrit Atinizian**

Mailing Address 12 Girard Rd

City	State	Zip Code
Winchester	MA	01890-3339

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

Amount of Each Disbursement this Period

2600.00
---------

Transaction ID : VNH6H9T3NM7

**B. Nishan Atinizian**

Mailing Address 12 Girard Rd

City	State	Zip Code
Winchester	MA	01890-3339

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

Amount of Each Disbursement this Period

2600.00
---------

Transaction ID : VNH6H9T3NK9

**c. Rebecca Bagdasarian**

Mailing Address 6214 Driftwood Dr

City	State	Zip Code
Alexandria	VA	22310-2926

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : VNH6H9T3KQ7

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

5700.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Stephanie Baird**

Mailing Address 2000 Roundhouse Rd

City	State	Zip Code
Vienna	VA	22181-2834

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : VNH6H9T3M82

**B. Stephanie Baird**

Mailing Address 2000 Roundhouse Rd

City	State	Zip Code
Vienna	VA	22181-2834

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : VNH6H9T3MB5

**c. Ted Bakamjian**

Mailing Address 3628 E 49th St

City	State	Zip Code
Tulsa	OK	74135-3102

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

Amount of Each Disbursement this Period

1100.00
---------

Transaction ID : VNH6H9T3NQ1

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

1350.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Rita Balian**Mailing Address 1300 Crystal Dr  
Apt 1503City State Zip Code  
Arlington VA 22202-3273Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : VNH6H9T3KP0

**B. Carl Bazarian**

Mailing Address 20 Dunes Row

City State Zip Code  
Amelia Island FL 32034-6626Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : VNH6H9T3FF5

**c. Sarkis Bedevian**

Mailing Address 887 Kinderkamack Rd

City State Zip Code  
Wyckoff NJ 07651Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VNH6H9T3NV3

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

1750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Edward Bedrosian**Mailing Address 790 Boylston St  
Apt 23H

City Boston State MA Zip Code 02199-7923

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VNH6H9T3N27

**B. Paul Bedrosian**

Mailing Address 1 Upland Rd

City Watertown State MA Zip Code 02472-3538

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : VNH6H9T3K63

**C. Charles Bilezikian**

Mailing Address 231 Willow St

City Yarmouth Port State MA Zip Code 02675-1744

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : VNH6H9T3FB3

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

2000.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Paul Boghosian**

Mailing Address 26 Sharpe Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Belmont	MA	02478-3523

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3KE6

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Suzanne Bolles**Mailing Address 438 Massachusetts Ave  
Apt 221

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Arlington	MA	02474-5111

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3MC3

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Ikeita Cantu Hinojosa**

Mailing Address 1443 Woodacre Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
McLean	VA	22101-2534

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3H52

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

1000.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Yervant Chekijian**

Mailing Address 136 Beacon St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Boston	MA	02116-1460

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3MX8

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Aram Chobanian**

Mailing Address 5 Rathbun Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Natick	MA	01760-1011

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3EW5

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. John Chopoorian**

Mailing Address 145 Prospect Farm Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

City	State	Zip Code
Portsmouth	RI	02871-3956

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3ND2

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

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

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

1750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Teresa Chopoorian**

Mailing Address 1564 Lonsdale Ave

City	State	Zip Code
Lincoln	RI	02865-1840

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 21 / 2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VNH6H9T3PJ4

**B. Anne Davenas**Mailing Address 27 Wareham St  
Ph 1

City	State	Zip Code
Boston	MA	02118-2542

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : VNH6H9T3EQ7

**c. Haig Der Manuelian**

Mailing Address 25 Lantern Rd

City	State	Zip Code
Belmont	MA	02478-1706

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 21 / 2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VNH6H9T3N67

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

2500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Phyllis Dohanian**

Mailing Address 36 Elizabeth Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Belmont	MA	02478-3821

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3KB3

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Flora Dunaian**

Mailing Address 3375 Lombardy Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Pasadena	CA	91107-5647

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3G67

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. C. George Elanjian**

Mailing Address 16 Independence Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Woburn	MA	01801-3856

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3FA6

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

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

1500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Sara Feder**

Mailing Address 6003 Chesterbrook Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
McLean	VA	22101-3211

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3KZ1

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Nila Festekjian**

Mailing Address 440 Lyncrest Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

City	State	Zip Code
Englewood	NJ	07631-2035

Amount of Each Disbursement this Period

2600.00
---------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3NG6

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Nila Festekjian**

Mailing Address 440 Lyncrest Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

City	State	Zip Code
Englewood	NJ	07631-2035

Amount of Each Disbursement this Period

2600.00
---------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3NJ2

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

5450.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Raffi Festekjian**

Mailing Address 4 McCall Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

City	State	Zip Code
Winchester	MA	01890-3712

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

2600.00
---------

Transaction ID : VNH6H9T3NY6

**B. Raffi Festekjian**

Mailing Address 4 McCall Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

City	State	Zip Code
Winchester	MA	01890-3712

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

2600.00
---------

Transaction ID : VNH6H9T3P60

**c. Shant Garabedian**

Mailing Address 118 Barrett Pl

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Jackson	TN	38305-1918

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : VNH6H9T3M16

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

5700.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Charles Guleserian**

Mailing Address 95 College Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Arlington	MA	02474-2149

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Contribution RefundCategory/  
Type

Transaction ID : VNH6H9T3FC1

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Berge Hatchik**

Mailing Address 7005 Rebel Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Annandale	VA	22003

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Contribution RefundCategory/  
Type

Transaction ID : VNH6H9T3F80

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Burton Herman**

Mailing Address PO Box 1558

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
East Orleans	MA	02643-1558

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Contribution RefundCategory/  
Type

Transaction ID : VNH6H9T3F48

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

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

1500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Burton Herman**

Mailing Address PO Box 1558

City	State	Zip Code
East Orleans	MA	02643-1558

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : VNH6H9T3FG3

**B. Mark Herman**

Mailing Address 25 Highgate

City	State	Zip Code
Wellesley	MA	02481-1419

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : VNH6H9T3JP7

**c. Varney Hintlian**

Mailing Address 37 Park Cir

City	State	Zip Code
Cape Elizabeth	ME	04107-9682

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : VNH6H9T3MV2

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

1300.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Tammi Houton**

Mailing Address 11917 Hunting Ridge Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Potomac	MD	20854-2154

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3MG5

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Aaron Javian**Mailing Address 196 Bowery  
Fl 5

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

City	State	Zip Code
New York	NY	10012-4293

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3N75

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Linda Kaboolian**

Mailing Address 23 Highland St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

City	State	Zip Code
Cambridge	MA	02138-2209

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3NH4

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

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

2250.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Nancy Kaboolian**

Mailing Address 9 Park Ave

City	State	Zip Code
Ardsley	NY	10502-1621

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : VNH6H9T3K55

**B. James Kalustian**

Mailing Address 215 Wachusett Ave

City	State	Zip Code
Arlington	MA	02476-7320

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VNH6H9T3NF8

**C. Jack Keverian**

Mailing Address 2606 Postgate Ln

City	State	Zip Code
Peabody	MA	01960-4742

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : VNH6H9T3H36

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

1750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Aram Khachadurian**

Mailing Address 332 Bleecker St

City	State	Zip Code
New York	NY	10014-2980

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : VNH6H9T3EZ9

**B. Lara Knights**

Mailing Address 2531 Wimbledon Rd

City	State	Zip Code
Columbus	OH	43220-4211

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : VNH6H9T3J11

**c. Charles Margosian**

Mailing Address 800 Ramsgate Ct

City	State	Zip Code
Naperville	IL	60540-8336

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : VNH6H9T3FH1

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

1000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Anne Mathias**

Mailing Address 2262 Cloverfield Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Santa Monica	CA	90405-1821

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3EJ8

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. John Medeiros**

Mailing Address PO Box 51127

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

City	State	Zip Code
Boston	MA	02205-1127

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3NC4

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Vartouhi Mehrabian**

Mailing Address 6636 Hallwood Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Falls Church	VA	22046-1825

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3MT4

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

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

2500.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. James Menasian**

Mailing Address 3310 Rosemary Ln

City	State	Zip Code
Hyattsville	MD	20782-1032

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : VNH6H9T3H44

**B. Nina Metrebian**

Mailing Address 4 McCall Rd

City	State	Zip Code
Winchester	MA	01890-3712

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

Amount of Each Disbursement this Period

2600.00
---------

Transaction ID : VNH6H9T3P77

**C. Nina Metrebian**

Mailing Address 4 McCall Rd

City	State	Zip Code
Winchester	MA	01890-3712

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

Amount of Each Disbursement this Period

2600.00
---------

Transaction ID : VNH6H9T3PB9

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

5450.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Nicole Mordecai**

Mailing Address 135 Conant Rd

City	State	Zip Code
Weston	MA	02493-1659

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : VNH6H9T3K71

**B. Carolyn Mugar**

Mailing Address 596 Franklin St

City	State	Zip Code
Cambridge	MA	02139-2924

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : VNH6H9T3FP0

**c. Fred Munch**

Mailing Address 5 Oakmere Dr

City	State	Zip Code
Northport	NY	11768-1459

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : VNH6H9T3G33

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

2250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Rachel Nadjarian**Mailing Address 1400 5th Ave  
TH-B2City State Zip Code  
New York NY 10026-2584Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : VNH6H9T3KD8

**B. Harold Nahigian**

Mailing Address 23 Highland St

City State Zip Code  
Cambridge MA 02138-2209Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VNH6H9T3GX8

**c. Harold Nahigian**

Mailing Address 23 Highland St

City State Zip Code  
Cambridge MA 02138-2209Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : VNH6H9T3GT5

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

1750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Carolann Najarian**

Mailing Address PO Box 1608

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
East Orleans	MA	02643-1608

Amount of Each Disbursement this Period

2600.00
---------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Transaction ID : VNH6H9T7CN8

Full Name (Last, First, Middle Initial)

**B. Gary Najarian**

Mailing Address 10 Goldencrest Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Waltham	MA	02451-1317

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Transaction ID : VNH6H9T3GE0

Full Name (Last, First, Middle Initial)

**c. K George Najarian**

Mailing Address 123 Freeman Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Orleans	MA	02653-2013

Amount of Each Disbursement this Period

2600.00
---------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Transaction ID : VNH6H9T7CG9

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

5450.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Robert Najarian**

Mailing Address 511 Buxton St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
North Smithfield	RI	02896-7644

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Amount of Each Disbursement this Period

3250.00
---------

Transaction ID : VNH6H9T3KK6

Full Name (Last, First, Middle Initial)

**B. Stephen Najarian**

Mailing Address PO Box 359

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

City	State	Zip Code
Belmont	MA	02478-0003

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : VNH6H9T3NN5

Full Name (Last, First, Middle Initial)

**c. Sonya Nersessian**

Mailing Address 3 Young Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

City	State	Zip Code
Weston	MA	02493-2321

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VNH6H9T3GN5

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

3250.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Kenneth Norian**

Mailing Address 260 S Peck Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

City	State	Zip Code
Beverly Hills	CA	90212-3713

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Other (specify)		

State: District:

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VNH6H9T3NE0

**B. George Pagoumian**Mailing Address 1700 S Ocean Blvd  
Apt 12D

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

City	State	Zip Code
Pompano Beach	FL	33062-7821

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Other (specify)		

State: District:

Amount of Each Disbursement this Period

2600.00
---------

Transaction ID : VNH6H9T3NA8

**c. George Pagoumian**Mailing Address 1700 S Ocean Blvd  
Apt 12D

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

City	State	Zip Code
Pompano Beach	FL	33062-7821

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Other (specify)		

State: District:

Amount of Each Disbursement this Period

2600.00
---------

Transaction ID : VNH6H9T3NB6

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

6200.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Harry Parsekian**Mailing Address 125 Coolidge Ave  
Apt 609

City Watertown State MA Zip Code 02472-2875

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : VNH6H9T3GV3

**B. Robert Parsekian**

Mailing Address 7 Highmeadow Rd

City Weston State MA Zip Code 02493-1941

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : VNH6H9T3KS3

**c. Linda Rahal**

Mailing Address 4825 Bending Ln NW

City Washington State DC Zip Code 20007-1527

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : VNH6H9T3J45

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

850.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Alex Sarafian**

Mailing Address 308 Cardinal Pl

City	State	Zip Code
Paramus	NJ	07652-1863

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : VNH6H9T3ED8

**B. Marion Semonian**

Mailing Address 373 Dedham St

City	State	Zip Code
Newton	MA	02459-2902

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : VNH6H9T3JJ5

**c. Wayne Seppala**

Mailing Address 71 Church Ln

City	State	Zip Code
Middle Island	NY	11953-1705

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VNH6H9T3NX8

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

1750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Karen Setian**

Mailing Address 302 N Crescent Dr

City	State	Zip Code
Beverly Hills	CA	90210-4837

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

280.00
--------

Transaction ID : VNH6H9T3J03

**B. Diane Smart**Mailing Address 3850 Galt Ocean Dr  
Apt 711

City	State	Zip Code
Fort Lauderdale	FL	33308-7646

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : VNH6H9T3FW8

**c. Sonia Vigilante**

Mailing Address 11209 Broad Green Dr

City	State	Zip Code
Potomac	MD	20854-2024

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : VNH6H9T3M24

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

780.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 50

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Nancy Najarian for Congress

Full Name (Last, First, Middle Initial)

**A. Sonia Vigilante**

Mailing Address 11209 Broad Green Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Potomac	MD	20854-2024

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3M32

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Gloria Vigliani**

Mailing Address 18 White Oak Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Waban	MA	02468-1323

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3G90

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Daniel Yankelovich**

Mailing Address 13092 Caminito Pointe Del Mar

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Del Mar	CA	92014-3853

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Transaction ID : VNH6H9T3FV0

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

1500.00





**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 48 OF 50

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNJ5SCG2270L

Nancy Najarian for Congress

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Nancy Najarian

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1857 Massachusetts Ave

City

State

ZIP Code

Mc Lean

VA

22101-4906

Original Amount of Loan

77000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

77000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 27 / 2014

Date Due

M M / D D / Y Y Y Y  
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

77000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 49 OF 50

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNJ5SCGJD04L

Nancy Najarian for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nancy Najarian

**[PERSONAL FUNDS]**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1857 Massachusetts Ave

City

State

ZIP Code

Mc Lean

VA

22101-4906

Original Amount of Loan

27000.00

Cumulative Payment To Date

25000.00

Balance Outstanding at Close of This Period

2000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 28 / 2014

Date Due

M M / D D / Y Y Y Y

D D / Y Y Y Y

none

Interest Rate

none

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 50 OF 50

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNJ5SCK5ZX3L

Nancy Najarian for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nancy Najarian

**[PERSONAL FUNDS]**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1857 Massachusetts Ave

City

State

ZIP Code

Mc Lean

VA

22101-4906

Original Amount of Loan

100000.00

Cumulative Payment To Date

27000.00

Balance Outstanding at Close of This Period

73000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 31 / 2014

Date Due

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

Interest Rate

none

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

73000.00

**TOTALS** This Period (last page in this line only)..... ►

152000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.