

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL
OPERATIONS CENTER
2005 JUN 27 A 10:09

Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

ARMENIAN NATIONAL COMMITTEE PAC

ADDRESS (number and street)

104 N. BELMONT SUITE 200B



(Check if address is changed)

GLENDALE PA 91206

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ANCPAC@ANCPAC.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.ANCPAC.ORG

COMMITTEE'S FAX NUMBER

2. DATE

06 14 2005

3. FEC IDENTIFICATION NUMBER ▶

C00146969

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

NAZARETH B. SADORIAN

Signature of Treasurer

N. Sadorian

Date

06 14 2005

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

None

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation w/a Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

250383052

Write or Type Committee Name

ARMENIAN NATIONAL COMMITTEE PAC

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name NAZARETH B. SADORIAN

Mailing Address 500 VIA VAL VERDE

MONTEBELLO CA 90640-2358

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 323-721-6970

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer NAZARETH B. SADORIAN

Mailing Address 500 VIA VAL VERDE

MONTEBELLO CA 90640-2358

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 323-721-6970

Full Name of Designated Agent NAZARETH B. SADORIAN

Mailing Address 500 VIA VAL VERDE

MONTEBELLO CA 90640-2358

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 323-721-6970

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

345 N. BRAND Blvd

GLENDALE

CA

91203

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 <i>Sei</i> PREPARER	 6-27-05 DATE PREPARED

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