

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) ARMENIAN NATIONAL COMMITTEE POLITICAL ACTION COMMITTEE		FEB 7 12 24 PM '94
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 419-A West Colorado Street		2. FEC IDENTIFICATION NUMBER C00146969
CITY, STATE and ZIP CODE Glendale, CA 91204		3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

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

Twelfth day report preceding _____ (Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>1/1/93</u> through <u>6/30/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ <u>147.98</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>147.98</u>	
(c) Total Receipts (from Line 19)	\$ <u>4650.00</u>	\$ <u>4650.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>4797.98</u>	\$ <u>4797.98</u>
7. Total Disbursements (from Line 20)	\$ <u>4309.99</u>	\$ <u>4309.99</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>487.99</u>	\$ <u>487.99</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800 424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	

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

Type or Print Name of Treasurer

Viken K. Pakradouni

Signature of Treasurer

Viken Pakradouni

Date:

2/2/94

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

FEC FORM 3X

(revised 1/1/91)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE AMERICAN NATIONAL COMMITTEE FOR POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD
FROM 01/01/93 TO 06/30/93

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
1	Contributions (other than loans) From:		
a	Individuals/Persons Other Than Political Committees:		
i	Itemized (use Schedule A)	3450	3450
ii	Unitemized	1200	1200
iii	Total	4650	4650
b	Political Party Committees		
c	Other Political Committees (such as PACs)		
d	Total Contributions	4650	4650
2	Transfers From Affiliated/Other Party Committees		
3	Advances Received		
4	Loan Repayments Received		
5	Offsets To Operating Expenditures (Refunds, rebates, etc.)		
6	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
7	Other Federal Receipts (Dividends, Interest, etc.)		
8	Transfers from Nonfederal Account for Joint Activity		
9	Total Receipts	4650	4650
10	Total Federal Receipts	4650	4650
II. Disbursements			
21	Operating Expenditures:		
a	Shared Federal/Non-Federal Activity (from Schedule H-1):		
i	Federal Share		
ii	Non-Federal Share		
b	Other Federal Operating Expenditures	409.99	409.99
c	Total Operating Expenditures	409.99	409.99
22	Transfers to Affiliated/Other Party Committees		
23	Contributions to Federal Candidates/Committees and Other Political Committees	3900	3900
24	Independent Expenditures (use Schedule E)		
25	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26	Loan Repayments Made		
27	Trans Made		
28	Refunds of Contributions To:		
a	Individuals/Persons Other Than Political Committees		
b	Political Party Committees		
c	Other Political Committees (such as PACs)		
d	Total Contribution Refunds		
29	Other Disbursements		
30	Total Disbursements	4309.99	4309.99
31	Total Federal Disbursements	4309.99	4309.99
III. Net Contributions/Operating Expenditures			
32	Total Contributions (other than loans) (from line 11d)	4650	4650
33	Total Contribution Refunds (from line 28d)	0	0
34	Net Contributions (other than loans) (subtract line 33 from line 32)	4650	4650
35	Total Federal Operating Expenditures	409.99	409.99
36	Offsets to Operating Expenditures (from line 15)	0	0
37	Net Operating Expenditures	409.99	409.99

1-1-75 to 6-1-73

SCHEDULE A ITEMIZED RECEIPTS

Use separate sheets for each category of the Detailed Summary Page	PAGE 1 OF 2
	FOR LINE NUMBER 11 a c

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

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

A. Full Name, Mailing Address and ZIP Code Vahan Garbooshian 3905 Mesa Street Torrance, CA 90505 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Engineer Aggregate Year-to-Date > \$200	Date (month, day, year) 2/10/93 2/14/93	Amount of Each Receipt this Period 100 100
B. Full Name, Mailing Address and ZIP Code Nora Housepian 2339 54th Street, unit 39 Santa Monica, CA 90405 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Law offices of Raffi Durfalian Occupation Attorney Aggregate Year-to-Date > \$200	Date (month, day, year) 2/14/93	Amount of Each Receipt this Period 200 -
C. Full Name, Mailing Address and ZIP Code Arthur Aykhamian 25831 Cedarbluff Terrace Laguna Hills, CA 92653 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$200	Date (month, day, year) 2/11/93	Amount of Each Receipt this Period 200 -
D. Full Name, Mailing Address and ZIP Code Armine Koundakjian 3317 North Knoll Drive L.A., CA 90068 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date > \$200	Date (month, day, year) 2/14/93	Amount of Each Receipt this Period 200 -
E. Full Name, Mailing Address and ZIP Code Hasmig Derderian 1960 Kinclair Drive Pasadena, CA 91107 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date > \$200	Date (month, day, year) 2/14/93	Amount of Each Receipt this Period 200 -
F. Full Name, Mailing Address and ZIP Code WALTER KARABIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer KARINS & KARABIAN Occupation Attorney Aggregate Year-to-Date > \$250	Date (month, day, year) 2/14/93	Amount of Each Receipt this Period 250 -
G. Full Name, Mailing Address and ZIP Code Sam Nazaryan 17955 Ailenth Avenue City of Industry, CA 91745 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$250	Date (month, day, year) 2/14/93	Amount of Each Receipt this Period 250 -

SUBTOTAL of Receipts This Page (optional) 1500 -

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

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NAME OF COMMITTEE (in full)

Armenian National Committee - Political Action Committee

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tara Petrossian 1900 mt. Olympus Dr. L.A., CA 90046	Self-Employed	2/15/93	1000 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Restaurateur	Aggregate Year-to-Date > \$ 1000 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth Chouldjian 500 39th Avenue San Francisco, CA 94121		3/29/93	300 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 300 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Berge Roubinian 2243 Van Ness San Francisco, CA 94109	Self-Employed	3/27/93	200 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dentist	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sahag Baghdassarian 1960 Starvale Road Glendale, CA 91207	Self-Employed	2/14/93 6/13/93	100 - 12.5 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Ophthalmologist	Aggregate Year-to-Date > \$ 225	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Berdj Karapetian 7648 Goodland North Hollywood, CA 91605	Karapetian & Associates	3/10/93 6/13/93	100 12.5
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Public Relations	Aggregate Year-to-Date > \$ 225	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts (This Page Optional)	1950
TOTAL This Period (last page this line number only)	3450

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FORM LINE NUMBER 23

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

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ARMENIAN NATIONAL COMMITTEE FOR CONGRESS	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/14/93	3000.00
ARMENIAN NATIONAL COMMITTEE FOR CONGRESS	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/31/93	500.00
ARMENIAN NATIONAL COMMITTEE FOR CONGRESS	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/3/93	250.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
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	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional) _____

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 NATIONAL COMMITTEE OF POLITICAL ACTION COMMITTEES

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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