

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		2. FEC IDENTIFICATION NUMBER 000146969
ADDRESS (number and street) <input type="checkbox"/> Check if different from previously reported 419 A WEST COLORADO STREET		3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE EMERYVILLE, CA 94604		

FEB 7 12 14 1994

4. TYPE OF REPORT

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 _____

(c) Is this Report an Amendment? YES NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/1/93 through 12/31/93		
6. (a) Cash on Hand January 1, 19 93		\$ 147.98
(b) Cash on Hand at Beginning of Reporting Period	\$ 487.99	
(c) Total Receipts (from Line 19)	\$ 7992.50	\$ 12572.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 8480.49	\$ 12720.48
7. Total Disbursements (from Line 20)	\$ 7961.76	\$ 12271.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 448.73	\$ 448.73
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 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)	\$ 0	

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

Type or Print Name of Treasurer

Viken 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 1/1991)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/3/11)

NAME OF COMMITTEE

AMERICAN NUTRITIONAL COMMITTEE INCORPORATED

REPORT COVERING PERIOD

FROM 7/1/75 TO: 12/31/75

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees:		
i. Itemized (use Schedule A)	66.50	101.00
ii. Unitemized	1272.50	2472.50
iii. Total (add i and ii) >	1339.00	2573.50
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a, b, and c) >	1339.00	2573.50
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11, 12, 13, 14, 15, 16, 17, and 18) >	1339.00	2573.50
20. Total Federal Receipts (subtract line 16 from line 19) >	1339.00	2573.50
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	1911.76	2321.75
c. Total Operating Expenditures (add a, b, i, and ii) >	1911.76	2321.75
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)	60.50	44.50
25. Coordination Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements (add 21, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1972.26	2366.25
31. Total Federal Disbursements (subtract line 21 a & b from line 30) >	1972.26	2366.25
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	1339.00	2573.50
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans) (subtract line 33 from line 32)	1339.00	2573.50
35. Total Federal Operating Expenditures (add 21 a and 21 b) >	1911.76	2321.75
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Total Operating Expenditures (subtract line 36 from line 35) >	1911.76	2321.75

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7-1-95 to 12-31-95

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4

FOUR LINE NUMBER

11a1

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 particular contributor to solicit contributions from such contributor.

NAME OF COMMITTEE (in Full)

ARMENIAN NATIONAL COMMITTEE - POLITICAL ACTION COMMITTEE

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A. Full Name, Mailing Address and ZIP Code Gerard Balian 855 Seagull Lane, #A206 Newport Beach, CA 92663		Name of Employer	Date (month, day, year) 7/12/95 10/5/95	Amount of Each Receipt this Period 200.00 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date > \$ 400.00	

B. Full Name, Mailing Address and ZIP Code Albert Abkarian 443 Oak Street, #B Glendale, CA 91204		Name of Employer Shawn Steele & Associates	Date (month, day, year) 7/13/95 10/5/95	Amount of Each Receipt this Period 200.00 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 600.00	

C. Full Name, Mailing Address and ZIP Code Karmen Charakhanian 183 Monte Vista, #E Costa Mesa, CA 92627		Name of Employer	Date (month, day, year) 7/12/95	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date > \$ 200.00	

D. Full Name, Mailing Address and ZIP Code Harutiune Tchakerian 14408 Oxford Street VAN NUYS, CA 91401		Name of Employer Burbank city water & Power	Date (month, day, year) 7/25/95	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Engineer	Aggregate Year-to-Date > \$ 200.00	

E. Full Name, Mailing Address and ZIP Code VASHEN NAJARIAN 311 AVENIDA SANTA ELENA LA HABRA, CA 90631		Name of Employer	Date (month, day, year) 7/26/95	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date > \$ 200.00	

F. Full Name, Mailing Address and ZIP Code Armen Golnazarians 16575 E. Echo Hill way Hacienda Heights, CA 91205		Name of Employer Self-employed	Date (month, day, year) 7/24/95	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Financial Advisor	Aggregate Year-to-Date > \$ 200.00	

G. Full Name, Mailing Address and ZIP Code Jack Minasian 6960 Via El Estribo Anaheim, CA 92807		Name of Employer	Date (month, day, year) 7/27/95	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional)				1600.00
TOTAL This Period (last page this line number only)				

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

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6. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WALTER KERIAN 6650 WINDSIDE AVE WESTLAKE WESTLAKE VILLAGE, CA	RETIRED	7/25/93	200 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED		
	Aggregate Year-to-Date > \$ 200		
GARBIS KARAMARDIAN 15071 TOURNAINE WAY IRVINE, CA 92714		7/27/93	200 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$ 200		
Viken Melkonian 23 New Castle Lane Laguna Miguel, CA 92677		7/12/93	200 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$ 200 -		
VARTKES ALAHAYDOIAN 905 KILMARY LANE GLENDALE, CA 91207		7/21/93	200 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$ 200 -		
VICTORIA MASHIKIAN 12182 RED HILL AVENUE SANTA ANA, CA 92705		7/18/93	200 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$ 200 -		
ELIZABETH KASPARIAN 2250 NORTH WINONA L.A., CA, 90027		7/25/93	200 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$ 300 -		
HAYOY TUNAKERIAN 941 JALON WAY PACIFIC PALISADES, CA 90272		7/17/93	200 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date > \$ 200 -		

SUBTOTAL of Receipts This Page (Optional)	1100
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HERAIR GARBOUSHIAN 30684 CALLE DE SUEÑOS RANCHO PALOS VERDES, CA 90274		7/20/93	200 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VICTOR AVEDIAN 3231 WARING CT. STE K CLEANSIDE, CA. 92056		7/17/93	200 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 200 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EGLANTINE HOUSEPIAN 3435 WOODHILL CIR. DIAMOND BAR, CA. 91765			200 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORA HOUSEPIAN 2339 34th Street, unit 59 Santa Monica, CA. 90405	Law offices of Raff. Duffolian	7/21/93	100 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 300 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALTER KARABIAN	MARUS J KARABIAN	10/7/93	250 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARA PAPAZIAN 1660 Brooke Lane Fullerton, CA 92633		10/14/93	200 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance broker	Aggregate Year-to-Date > \$ 200 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Hakimian 1702 Talhan Drive Huntington Beach, CA 92646		7/25/93 10/10/93	100 - 100 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200 -	

SUBTOTAL of Receipts This Page (optional) **1350 -**

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
 FORM LINE NUMBER 11 a 1

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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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE MIERJIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$200	10/12/93	200
VIKEN BAKRABOUNI 10918 27th Glens Hill Rd. Whittier, CA. 90601 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Attorney Aggregate Year-to-Date > \$1200	11/29/93 11/24/93	100 1000
EDWARD MISSERLIAN 1925 15th Avenue S.F., CA 94116 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Self-employed Jeweler Aggregate Year-to-Date > \$1000	12/28/93	1000
[Blank] Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
[Blank] Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
[Blank] Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
[Blank] Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 2300

TOTAL This Period (all page this line number only) 6050

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 216

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
11000 Printing	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/9/93	725.27
KALE PRINTING	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/23/93	800.00
KALE PRINTING	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/14/93	360.69

SUBTOTAL of Disbursements This Page (optional)	1885.96
TOTAL This Period (last page this line number only)	1885.96

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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 Election (See 102e) US HOUSE OF REPS (CA-24)	Date (month, day, year)	Amount of Each Disbursement This Period
Gullegly for Cong.	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/93	500.00
Cox for Cong.	Purpose of Disbursement Election (See 102e) US HOUSE OF REPS (CA-47)	9/3/93	1200.00
Rohrbacher for Cong.	Purpose of Disbursement Election (See 102e) US HOUSE OF REPS (CA-45)	9/3/93	1250.00
Lynn for Cong.	Purpose of Disbursement Election (See 102e) US HOUSE OF REPS (CA-16)	9/5/93	400.00
Wofford for Senate	Purpose of Disbursement Election (See 102e) Senate (CA-D)	10/18/93	700.00
Mouchant for Congress	Purpose of Disbursement Election (See 102e) US HOUSE OF REPS (CA-27)	11/1/93	1000.00
Woolsey for Congress	Purpose of Disbursement Election (See 102e) US HOUSE OF REPS (CA-6)	12/23/93	1000.00
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)	6050.00
TOTAL This Period (last page this line number only)	6050.00

