

**Butzel Long**  
A PROFESSIONAL CORPORATION  
ATTORNEYS AND COUNSELORS

RECEIVED  
FEC MAIL ROOM

2002 JUL 16 P 2:36

JAMES G. DERIAN

DIRECT DIAL (210) 258-4473  
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BLOOMFIELD HILLS OFFICE  
100 BLOOMFIELD HILLS PARKWAY, SUITE 200  
BLOOMFIELD HILLS, MI 48304  
(248) 728-1500 Fax (248) 728-1400

July 10, 2002

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Federal Election Commission  
Report Analysis Division  
999 E. Street, N.W.  
Washington, DC 20463

ATTN: Andrea Wilkins

Re: Armenian American Public Affairs Committee (ID C000355628)  
July 15 Quarterly Report

Dear Andrea:

Enclosed please find the Armenian American Public Affairs Committee's July 15 Quarterly Report. Please do not hesitate to contact me if you have any questions.

Very truly yours,

  
James G. Derian  
Treasurer

JGD:ss  
Enclosure

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL ROOM

2002 JUL 16 P 2:36

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

ARMENIAN AMERICAN PUBLIC AFFAIRS COMMITTEE

ADDRESS (number and street)

P O BOX 7421

Check if different than previously reported. (ACC)

BLOOMFIELD HILLS

MI

48302

7421

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

In the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

In the State of

5. Covering Period

04 01 2002 through 06 30 2002

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

JAMES G. DERIAN

Signature of Treasurer

*James Derian*

Date

07 09 2002

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 3X  
(Revised 1/01)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

**ARMENIAN AMERICAN PUBLIC AFFAIRS COMMITTEE**

Report Covering the Period: From: **04** / **01** / **2002** To: **06** / **30** / **2002**

|                                                                                                     | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <b>2002</b>                                                       |                         | 2,437.80                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period                                                | 4,087.12                |                                   |
| (c) Total Receipts (from Line 19)                                                                   | 103.05                  | 3,206.90                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B)      | 4,190.17                | 5,644.70                          |
| 7. Total Disbursements (from Line 30)                                                               | 30.00                   | 1,484.53                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 8(d))                 | 4,160.17                | 4,160.17                          |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)  | 00                      |                                   |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) | 00                      |                                   |

This committee has qualified as a multicandidate committee (see FEC FORM 1M)

**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

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

**ARMENIAN AMERICAN PUBLIC AFFAIRS COMMITTEE**

Report Covering the Period:

From:

04 01 2002

To:

06 30 2002

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                             |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees:                                               |                               |                                   |
| (i) Itemized (use Schedule A) .....                                                                    | 100 00                        |                                   |
| (ii) Unitemized .....                                                                                  | 00                            |                                   |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) .....                                                        | 100 00                        | 3,200 00                          |
| (b) Political Party Committees .....                                                                   | 00                            | 00                                |
| (c) Other Political Committees (such as PACs) .....                                                    | 00                            | 00                                |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) .....   | 100 00                        | 3,200 00                          |
| 12. Transfers From Affiliated/Other Party Committees .....                                             | 00                            | 00                                |
| 13. All Loans Received .....                                                                           | 00                            | 00                                |
| 14. Loan Repayments Received .....                                                                     | 00                            | 00                                |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) ..... | 00                            | 00                                |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....           | 00                            | 00                                |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....                                           | 3 05                          | 6 90                              |
| 18. Transfers from Nonfederal Account for Joint Activity .....                                         | 00                            | 00                                |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....                             | 103 05                        | 3,206 90                          |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) .....                                       | 103 05                        | 3,206 90                          |

**DETAILED SUMMARY PAGE  
of Disbursements**

FEC Form 3X (Revised 1/01)

Page 4

| <b>II. Disbursements</b>                                                                         |  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--------------------------------------------------------------------------------------------------|--|---------------------------------------|-------------------------------------------|
| 21. Operating Expenditures:                                                                      |  |                                       |                                           |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                       |  |                                       |                                           |
| (i) Federal Share .....                                                                          |  | 00                                    | 00                                        |
| (ii) Non-Federal Share .....                                                                     |  | 00                                    | 00                                        |
| (b) Other Federal Operating Expenditures .....                                                   |  | 30                                    | 133                                       |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                          |  | 30                                    | 133                                       |
| 22. Transfers to Affiliated/Other Party Committees .....                                         |  | 00                                    | 00                                        |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees .....          |  | 00                                    | 1,351                                     |
| 24. Independent Expenditures (use Schedule E) .....                                              |  | 00                                    | 00                                        |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F) ..... |  | 00                                    | 00                                        |
| 26. Loan Repayments Made .....                                                                   |  | 00                                    | 00                                        |
| 27. Loans Made .....                                                                             |  | 00                                    | 00                                        |
| 28. Refunds of Contributions To:                                                                 |  |                                       |                                           |
| (a) Individuals/Persons Other Than Political Committees .....                                    |  | 00                                    | 00                                        |
| (b) Political Party Committees .....                                                             |  | 00                                    | 00                                        |
| (c) Other Political Committees (such as PACs) .....                                              |  | 00                                    | 00                                        |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                             |  | 00                                    | 00                                        |
| 29. Other Disbursements .....                                                                    |  | 00                                    | 00                                        |
| 30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....           |  | 30                                    | 1,484                                     |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) .....                     |  | 30                                    | 1,484                                     |
| <b>III. Net Contributions/Operating Expenditures</b>                                             |  |                                       |                                           |
| 32. Total Contributions (other than loans) (from Line 11(d), page 3) .....                       |  | 100                                   | 3,200                                     |
| 33. Total Contribution Refunds (from Line 28(d)) .....                                           |  | 00                                    | 00                                        |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....                   |  | 100                                   | 3,200                                     |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....                |  | 30                                    | 133                                       |
| 36. Offsets to Operating Expenditures (from Line 15, page 3) .....                               |  | 00                                    | 00                                        |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35) .....                             |  | 30                                    | 133                                       |

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

|                                                                         |     |                                   |     |                          |    |
|-------------------------------------------------------------------------|-----|-----------------------------------|-----|--------------------------|----|
| Use separate schedule(s) for each category of the Detailed Summary Page |     | FOR LINE NUMBER: (check only one) |     | PAGE 1 OF 2              |    |
| <input checked="" type="checkbox"/>                                     | 11a | <input type="checkbox"/>          | 11b | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>                                                | 13  | <input type="checkbox"/>          | 14  | <input type="checkbox"/> | 15 |
| <input type="checkbox"/>                                                |     | <input type="checkbox"/>          |     | <input type="checkbox"/> | 17 |

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 AMERICAN PUBLIC AFFAIRS COMMITTEE**

|                                                                                                                                 |                                         |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------|
| A. Full Name (Last, First, Middle Initial)<br><b>KEURAJIAN, RONALD B.</b>                                                       |                                         | Date of Receipt<br><b>04 05 2002</b>                |
| Mailing Address<br><b>45 PONTIAC ST</b>                                                                                         |                                         | Amount of Each Receipt this Period<br><b>100.00</b> |
| City<br><b>OXFORD, MI</b>                                                                                                       | State Zip Code<br><b>48371</b>          |                                                     |
| FEC ID number of contributing federal political committee<br><b>C</b>                                                           |                                         |                                                     |
| Name of Employer<br><b>REPUBLIC BANK</b>                                                                                        | Occupation<br><b>ATTORNEY</b>           |                                                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date<br><b>100.00</b> |                                                     |

|                                                                                                                                 |                        |                                    |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------|
| B. Full Name (Last, First, Middle Initial)                                                                                      |                        | Date of Receipt                    |
| Mailing Address                                                                                                                 |                        | Amount of Each Receipt this Period |
| City                                                                                                                            | State Zip Code         |                                    |
| FEC ID number of contributing federal political committee<br><b>C</b>                                                           |                        |                                    |
| Name of Employer                                                                                                                | Occupation             |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date |                                    |

|                                                                                                                                 |                        |                                    |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------|
| C. Full Name (Last, First, Middle Initial)                                                                                      |                        | Date of Receipt                    |
| Mailing Address                                                                                                                 |                        | Amount of Each Receipt this Period |
| City                                                                                                                            | State Zip Code         |                                    |
| FEC ID number of contributing federal political committee<br><b>C</b>                                                           |                        |                                    |
| Name of Employer                                                                                                                | Occupation             |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date |                                    |

|                                                     |               |
|-----------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional)           |               |
| TOTAL This Period (last page this line number only) | <b>100.00</b> |

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

|                                                                         |                                                                                                                                                           |             |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                         | PAGE 2 OF 2 |
|                                                                         | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 17 |             |
|                                                                         | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16                                           |             |

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NAME OF COMMITTEE (in Full)  
**ARMENIAN AMERICAN PUBLIC AFFAIRS COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. ABN AMRO MONEY MKT. ACCT. (formerly Independence One)**

Date of Receipt  
08 07 2002

Mailing Address  
P.O. BOX 9765

City State Zip Code  
PROVIDENCE, RI 02940

Amount of Each Receipt this Period  
3.05

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6.90

Full Name (Last, First, Middle Initial)  
**B.**

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)  
**C.**

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

|                                                            |      |
|------------------------------------------------------------|------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)           | 3.05 |
| <b>TOTAL</b> This Period (last page this line number only) | 3.05 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

|                                                                         |                                         |                             |                              |                              |                              |                             |                              |                              |                              |                             |
|-------------------------------------------------------------------------|-----------------------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       |                             |                              |                              |                              |                             |                              |                              | PAGE 1 OF 1                  |                             |
|                                                                         | <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |
|                                                                         | <input type="checkbox"/> 26             | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |                              |                              |                              |                             |

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NAME OF COMMITTEE (in Full):  
**ARMENIAN AMERICAN PUBLIC AFFAIRS COMMITTEE**

|                                                                                                                           |                                                                                                                                                                        |                                                         |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. STANDARD FEDERAL BANK</b>                                                |                                                                                                                                                                        | Date of Disbursement<br><b>08 30 202</b>                |
| Mailing Address<br><b>30777 TELEGRAPH ROAD</b>                                                                            |                                                                                                                                                                        | Amount of Each Disbursement this Period<br><b>30.00</b> |
| City<br><b>FRANKLIN, MI 48025</b>                                                                                         | State Zip Code                                                                                                                                                         |                                                         |
| Purpose of Disbursement<br><b>Bank fees for checking account</b>                                                          |                                                                                                                                                                        | Category/Type<br><b>001</b>                             |
| Candidate Name                                                                                                            |                                                                                                                                                                        |                                                         |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <b>Operating Cost</b> |                                                         |
| State: District:                                                                                                          |                                                                                                                                                                        |                                                         |

|                                                                                                                           |                                                                                                                                         |                                         |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>                                                                      |                                                                                                                                         | Date of Disbursement                    |
| Mailing Address                                                                                                           |                                                                                                                                         | Amount of Each Disbursement this Period |
| City                                                                                                                      | State Zip Code                                                                                                                          |                                         |
| Purpose of Disbursement                                                                                                   |                                                                                                                                         | Category/Type                           |
| Candidate Name                                                                                                            |                                                                                                                                         |                                         |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                         |
| State: District:                                                                                                          |                                                                                                                                         |                                         |

|                                                                                                                           |                                                                                                                                         |                                         |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>                                                                      |                                                                                                                                         | Date of Disbursement                    |
| Mailing Address                                                                                                           |                                                                                                                                         | Amount of Each Disbursement this Period |
| City                                                                                                                      | State Zip Code                                                                                                                          |                                         |
| Purpose of Disbursement                                                                                                   |                                                                                                                                         | Category/Type                           |
| Candidate Name                                                                                                            |                                                                                                                                         |                                         |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                         |
| State: District:                                                                                                          |                                                                                                                                         |                                         |

|                                                     |              |
|-----------------------------------------------------|--------------|
| SUBTOTAL of Disbursements This Page (optional)      |              |
| TOTAL This Period (last page this line number only) | <b>30.00</b> |



Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

|                                                                                     |                                      |
|-------------------------------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Hand Delivered                                             | Date of Receipt                      |
| <input type="checkbox"/> First Class Mail                                           | POSTMARKED                           |
| <input checked="" type="checkbox"/> Registered/Certified Mail                       | POSTMARKED (R/C)<br>7-10-02          |
| <input type="checkbox"/> No Postmark                                                |                                      |
| <input type="checkbox"/> Postmark Illegible                                         |                                      |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                      |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                      |
| <input type="checkbox"/> Other ( Specify):                                          | Postmarked<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing                                          |                                      |
| <i>SK</i><br>PREPARER                                                               | 7-16-02<br>DATE PREPARED             |