



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

FLOOR 11
FEDERAL ELECTION
COMMISSION
MAIL ROOM

FEB 11 9 19 AM '97
RQ-3

October 3, 1996

Nazareth B. Sadorian, Treasurer
Armenian National Committee PAC
500 N. Via Val Verde
Montabello, CA 90640

Identification Number: C00146969

Reference: April Quarterly Report (1/1/96-3/31/96)

Dear Mr. Sadorian:

On September 11, 1996 you were notified that a review of the above-referenced report(s) raised questions as to specific contributions and/or expenditures, and the reporting of certain information required by the Federal Election Campaign Act.

Your September 24, 1996 response is incomplete because you have not provided all the requested information. For this response to be considered adequate, the following information is still required.

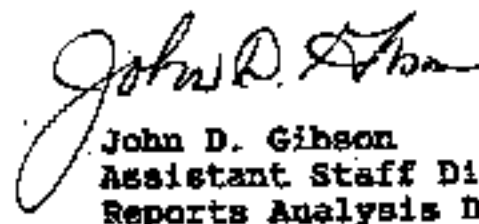
-Please provide the total(s) for Line 11(d), Columns A and B of the Detailed Summary Page. Note that changes in your figures may affect your Column B totals on this report and/or on subsequent reports.

-Please amend Schedule B supporting Line 23 by providing the full address and office sought including state and congressional district, if applicable for each contribution made to a federal candidate or political committee. 11 CFR Sec 104.3(b)(3)(ii) and (v)

If this information is not received by the Commission within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions related to this matter, please contact Amy Susanne Reynolds on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,


John D. Gibson
Assistant Staff Director
Reports Analysis Division

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

AMENDED
2-5-97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) ARMENIAN NATIONAL COMMITTEE POLITICAL ACTION COMMITTEE		2. FEC IDENTIFICATION NUMBER C 00146969
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 419 W. COLORADO ST.		
CITY, STATE and ZIP CODE GLENDALE, CA. 91204		3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>1-1-96</u> through <u>3-31-96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 40.-
6. (b) Cash on Hand at Beginning of Reporting Period	\$ 40.-	
6. (c) Total Receipts (from Line 19)	\$ 8832	\$ 8830
6. (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 8870	\$ 8870
7. Total Disbursements (from Line 30)	\$ 7300	\$ 7300
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1570	\$ 1570
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ —	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ —	

For further information contact:
Federal Election Commission
800 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-5420

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: **N. B. RADORIAN**

Signature of Treasurer: *[Signature]*

Date: **7-16-96**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437a.

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

AMENDED
2-7-97

(revised 1/1/91)

NAME OF COMMITTEE ARMENIAN NATIONAL COMMITTEE POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD	
		FROM 1-1-96	TO 3-31-96
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(e)
I. Itemized (use Schedule A)		8830.	8830.
II. Unitemized			
III. Total (add i and II) >		8830.	8830.
b. Political Party Committees			11(f)
c. Other Political Committees (such as PACs)			11(g)
d. Total Contributions (add a II, b and c) >		8830.	8830.
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		8830.	8830.
20. Total Federal Receipts (subtract line 18 from line 19) >		8830.	8830.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule HA)			21(c)
I. Federal Share			21(d)
II. Non-Federal Share			21(e)
b. Other Federal Operating Expenditures			21(f)
c. Total Operating Expenditures (add a I, a II, and b) >			22
22. Transfers to Affiliated/Other Party Committees		7300	7300
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			28
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements		7300	1300
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		7300	7300
31. Total Federal Disbursements (subtract line 21 a II from line 30) >		7300	7300
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		8830	8830
33. Total Contribution Refunds (from line 28d)		-	-
34. Net Contributions (other than loans) (subtract line 33 from 32)		8830	8830
35. Total Federal Operating Expenditures (add 21 a I and 21 b) >		-	-
36. Offsets to Operating Expenditures (from line 15)		-	-
37. Net Operating Expenditures (subtract line 36 from 35) >		-	-

SCHEDULE B

ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PALONE FOR CONGRESS P.O. BOX 3176 LONG BRANCH, NJ 07740	U.S. House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-6-96	2200.
DOOLITTLE FOR CONGRESS 4220 ROCKLINN RD. #5A ROCKLIN, CA 95677	U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-6-96	1,000.-
ROGAN FOR CONGRESS 3525 N. VERDUGO RD GLENDALE, CA 91208	U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-25-96	2500.
PALONE FOR CONGRESS P.O. BOX 3176 LONG BRANCH, NJ 07740	U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-16-96	300.
PALONE FOR CONGRESS Box 3176 LONG BRANCH, NJ 07740	U.S. House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-16-96	1300.
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	7300
TOTAL This Period (last page this line number only)	7300.-

**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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 2-6-97
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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
	and/or DATE OF RECEIPT
<i>[Signature]</i>	2-11-97
PREPARER	DATE PREPARED