

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 ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 419 W. COLORADO ST.	2. FEC IDENTIFICATION NUMBER C00146969
CITY, STATE and ZIP CODE GLENDALE, CALIF. 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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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
5. Covering Period <u>7/1/94</u> through <u>9/30/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 449.
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,412.	
(c) Total Receipts (from Line 19)	\$ 11,195.	\$ 30,215.
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 13,607.	\$ 30,664.
7. Total Disbursements (from Line 30)	\$ 11,155.	\$ 28,212.
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2,452.	\$ 2,452.
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 900 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 N.B. SADORIAN	Date 12/13/94
Signature of Treasurer 	

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

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

(revised 1/1/91)

NAME OF COMMITTEE ARMENIAN NATIONAL COMMITTEE POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD		
		FROM 7/1/94	TO: 9/30/94	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	4,775.	18,525.	11(a)(i)
ii.	Unitemized	6,420.	11,690.	11(a)(ii)
iii.	Total (add i and ii) >	11,195.	30,215.	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a iii, b and c) >	11,195.	30,215.	11(d)
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) >	11,195.	30,215.	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	11,195.	30,215.	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i.	Federal Share			21(a)(ii)
ii.	Non-Federal Share			21(b)
b.	Other Federal Operating Expenditures	830.	3,387.	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	830.	3,387.	22
22.	Transfers to Affiliated/Other Party Committees			23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	10,325.	24,825.	24
24.	Independent Expenditures (use Schedule E)			25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26.	Loan Repayments Made			27
27.	Loans Made			28(a)
28.	Refunds of Contributions To:			28(b)
i.	Individuals/Persons Other Than Political Committees			28(c)
b.	Political Party Committees			28(d)
c.	Other Political Committees (such as PACs)			29
d.	Total Contribution Refunds (add a, b and c) >			30
29.	Other Disbursements			31
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	11,155.	28,212.	
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	11,155.	28,212.	
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	11,195.	30,215.	
33.	Total Contribution Refunds (from line 28d)	-0-	-0-	
34.	Net Contributions (other than loans)(subtract line 33 from 32)	11,195.	30,215.	
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	830.	3,387.	
36.	Offsets to Operating Expenditures (from line 15)			
37.	Net Operating Expenditures (subtract line 36 from 35) >	830.	3,387.	

2 4 0 5 7 3 4 0 3 1 4

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11 A i

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Z. PAUL AKIAN 355 N. Rockingham Ave. Los Angeles, Calif. 90049	S/E	7/17/94	300.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant		Aggregate Year-to-Date > \$ 300.
B. Full Name, Mailing Address and ZIP Code Dro Amirian 10824 Wrightwood Lane Studio City, Ca. 91604	Name of Employer	Date (month, day, year) 7/12/94	Amount of Each Receipt this Period 300.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Certified Public Accountant.		Aggregate Year-to-Date > \$ 300.
C. Full Name, Mailing Address and ZIP Code Sahag Baghdassarian, MD 1960 Starvale Rd. Glendale, Calif. 91207	Name of Employer S/E	Date (month, day, year) 7/16/94 9/24/94	Amount of Each Receipt this Period 100. 150.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Doctor		Aggregate Year-to-Date > \$ 250.
D. Full Name, Mailing Address and ZIP Code Garbis Bezdjian 2520 Old Middlefield Way Mountain View, Ca. 94043	Name of Employer S/E	Date (month, day, year) 7/1/94	Amount of Each Receipt this Period 1625.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Auto Mechanic		Aggregate Year-to-Date > \$ 1,625.
E. Full Name, Mailing Address and ZIP Code Richard Carolan 7049 Birdview Ave. Malibu, Calif. 90265	Name of Employer RETIRED	Date (month, day, year) 9/6/94	Amount of Each Receipt this Period 500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		Aggregate Year-to-Date > \$ 500.
F. Full Name, Mailing Address and ZIP Code David Charchian, MD 1030 S. Glendale Ave. #305 Glendale, Calif. 91205	Name of Employer S/E	Date (month, day, year) 9/23/94	Amount of Each Receipt this Period 250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Doctor		Aggregate Year-to-Date > \$ 250.
G. Full Name, Mailing Address and ZIP Code Hasmig Derderian 1960 Kinclair Dr. Pasadnea, Calif. 91107	Name of Employer Housewife	Date (month, day, year) 9/23/94	Amount of Each Receipt this Period 250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife		Aggregate Year-to-Date > \$ 250.

SUBTOTAL of Receipts This Page (optional) 3,475.

TOTAL This Period (last page this line number only)

94039540910

SCHEDULE A

ITEMIZED RECEIPTS

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

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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 1113 Via Mirabel Palos Verdes, Ca. 90274	S/E	7/13/94	300.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Marketing	Aggregate Year-to-Date > \$ 300.	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Neshan Peroomian 3275 Buckingham Rd. Glendale, Ca. 91206	S/E	7/17/94 9/22/94	100. 150.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Contractor	Aggregate Year-to-Date > \$ 250.	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vahak Petrossian 1547 Golf Club Dr. Glendale, Ca. 91206		7/16/94 9/23/94	200. 150.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$ 350.	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hagop Tchakerian 941 Jacou Way Pacific Palisades, Ca. 90272	S/E	7/17/94 9/23/94	100. 300.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Auto Radiator Shop	Aggregate Year-to-Date > \$ 400.	
E. 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 > \$	
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) 1,300.

TOTAL This Period (last page this line number only) 4,775.

94032540910

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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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
Friends of Senator D'Amato	U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/94	375.
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Anna Eshoo for Congress	House of Representa Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/13/94 8/31/94	1,250. 250.
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nancy Pelosi for Congress	House of Representati Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/94	500.
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gallegly for Congress	House of Representatives Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/5/94 9/9/94	2,100. 300.
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Sarbanes	House of Representatives Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/30/94 8/31/94	300. 250.
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bonier for Congress	House of Representatives Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/94	5,000.
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) 10,325.

TOTAL This Period (last page this line number only) 10,325.

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

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12-14-94

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT


Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT


PREPARER

12-19-94
DATE PREPARED

94037540919