4 **(X)** Qζ (J) M 00

RECEIVED FEC MAIL CENTER

2018 OCT 22 AM 8: 27

Office Use Only

FEC FORM 1

NAME OF

STATEMENT OF **ORGANIZATION**

(Check if name

12FE4M5 COMMITTEE (in full) over the lines. is changed) ARMENIAN NATIONAL COMMITTEE PAC 110 Y M BELMONT ST SUITE ADDRESS (number and street) (Check if address is changed) 191206 GLENDALE CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS COMMITTEE'S WEB PAGE ADDRESS (URL) WWW. ANCPAL. ORG COMMITTEE'S FAX NUMBER DATE FEC IDENTIFICATION NUMBER

Example: If typing, type

C00146969

IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

ARMEN MARTIN

Signature of Treasurer

Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

1	Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 12/2007)	
EEGAND40 D		 L	 Local 202-694-1100	•	_

5.

Party Affiliation Sought: House : Senate President	e the candidate State District
(a) This committee is a principal campaign committee. (Complete the candidate information below.) (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.) Name of Candidate Candidate Party Affiliation Candidate President	State
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.) Name of Candidate Candidate Party Affiliation Candidate President	State
information below.) Name of Candidate Candidate ' Office Party Affiliation Sought: House Senate President	State
Candidate # Office Party Affiliation Sought: House : Senate President	
Party Affiliation Sought: House Senate President	
	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	· -
	nocratic, ublican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
· · · · · · · · · · · · · · · · · · ·	bor Organization
Membership Organization Trade Association Co	poperative
(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	jated fund or party
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundralsing Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Committees Participating in Joint Fundraiser	
1.	
2. FEC ID number C	
3.	
4.	
5. FEC ID number C	

FEC Form 1 (Revised	12/2007)	·		Page 3
Write or Type Committee Name	e			·
ARMENIAN	NATIONAL	COMMITTE	E PAC	
		mittee, Leadership PAC Spor		
NONE	<u> </u>			
]	
Mailing Address	1::::::		 i . l l l	
Maining Address			 	
		<u>' </u>		<u> </u>
	CIT	<u> </u>	STATE	ZIP CODE
Relationship:			02	<u> </u>
Connected Organization	Affiliated Committee	Leadership PAC Spon	sor Joint I	Fundraising Representative
'. Custodian of Records: Ider	ntify by name, address (phon-	e number optional) and pos	ition of the pers	on in possession of committee
books and records.				· .
Full Name A. A. A.	EN MARTIN	<u> </u>	<u> </u>	
Mailing Address	-	MONT ST. S		
3 (62)	1		I	
	LL ENDALE	: ! ! ! ! ! ! : ! 1		91206
Title or Position	CIT	Y	STATE	ZIP CODE
TREASYRER	 	: Telephone nu	mber 81	8-4091-16862

 Treasurer: List the name an any designated agent (e.g., a 		optional) of the treasurer of th	ie committee; an	nd the name and address of
Full Name of Treasurer	EN MARTIN		<u>' </u>	
Mailing Address	104 N BEL	MONT ST. S	4176	200B
		<u> </u>	<u> </u>	<u> </u>
	GLENDALE		CA	9/206-
Title or Position	CITY	1	STATE	ZIP CODE
_	<u> </u>	Telephone nu	imber 87	8-409-6862
I				

9.

FEC Form 1 (Revise	d 12/2007)		Page 4
Full Name of Designated Agent R.A.F.	FIL HAMPARIAN		
Mailing Address	1.0.4. N. BELMONITI 1571.1,15	14117E	12:008
		1_1_1_1	
	GLEWOALE CITY	STATE	21P CODE
Title or Position SECRETARY	Telephone nu	ımber 8	(181-191991-1618162
Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,		ittee deposits	funds, holds accounts, rents
BAA	K. O.F. AMERICA		
Mailing Address	1345 N. BRAND BLUD	1111	
	6KENDALE	CA	19112031-1
	СІТУ	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
لبنا			
Mailing Address		1111	
		ليا	لىنىا-لىنىا
	CITY	STATE	ZIP CODE

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPAREI