

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Krikorian, David

ADDRESS (number and street) P.O. Box 43372

Check if different than previously reported. (ACC) Cincinnati OH 45243

2. **FEC IDENTIFICATION NUMBER** C00449330 **CITY** **STATE** OH **ZIP CODE** OH 02 **STATE DISTRICT**

### 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)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

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

Election on [ ] [ ] [ ] in the State of [ ]

(c) 30-Day **POST**-Election Report for the:

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

Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 01 01 2010 through 03 31 2010

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 Nathan Bailey

Signature of Treasurer Electronically Filed by Nathan Bailey Date 05 29 2010

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							
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**FEC FORM 3**  
(Revised 02/2003)

A. Form/Schedule : **F3A**

Transaction ID :

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Krikorian, David

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	31851.68	241463.32
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	31851.68	241463.32
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	52123.46	104638.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	454.80
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	52123.46	104183.68
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	155129.52	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	25000.00	

**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 3 (Revised 12/2003)

Write or Type Committee Name  
Krikorian, David

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	23600.00	84847.78
(i) Itemized (use Schedule A).....	8251.68	39596.42
(ii) Unitemized.....	31851.68	124444.20
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	117019.12
(d) The Candidate.....	31851.68	241463.32
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	25000.00	25000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	25000.00	25000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	454.80
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	56851.68	266918.12

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	52123.46	104638.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	60000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	60000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	52123.46	164638.48

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	150401.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	56851.68
25. SUBTOTAL (add Line 23 and Line 24).....	207252.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	52123.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	155129.52

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)  
Krikorian, David

<b>A.</b>	Full Name (Last, First, Middle Initial) Shakay Kizirian		Date of Receipt
	Mailing Address 103 Tyndall Ave.		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Providence	RI	02908-2919
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HHCRI		Occupation Medical Social Worker	Transaction ID: AD8B4E522B5374629BF6
Receipt For: 2010		Amount of Each Receipt this Period	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<input type="text" value="300.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Scott Knox		Date of Receipt
	Mailing Address 2311 Fairview Avenue		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Cincinnati	OH	45219-1113
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SELF		Occupation lawyer	Transaction ID: A22ABC6F921B241AC88D
Receipt For: 2010		Amount of Each Receipt this Period	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<input type="text" value="500.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lillian Markarian		Date of Receipt
	Mailing Address 3 Applegate Rd		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Cranston	RI	02920-3701
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer retired		Occupation Retired	Transaction ID: A944C3F0E2A1E401EBF2
Receipt For: 2010		Amount of Each Receipt this Period	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1300.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 7 / 30
	(check only one)	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Krikorian, David

<b>A.</b>	Full Name (Last, First, Middle Initial) Vark Markarian	Date of Receipt MM / DD / YYYY 03 / 20 / 2010
	Mailing Address 125 Beechwood Dr	<b>Transaction ID:</b> A2B24BFAAB2A440E792A
	City State Zip Code Cranston RI 02921-3315	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Contempory Cord 6 Occupation Owner Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kenneth Hachikian	Date of Receipt MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 1140 Windhaven Ct.	<b>Transaction ID:</b> AF1A18DC934124478B03
	City State Zip Code Lake Forest IL 60045-4609	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer retired Occupation Retired Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) SARKIS DERDERIAN	Date of Receipt MM / DD / YYYY 03 / 21 / 2010
	Mailing Address 4211 NOGALES DR	<b>Transaction ID:</b> AFFDA711FEC034C8385B
	City State Zip Code TARZANA CA 91356	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF Occupation ACCOUNTANT Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 30</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Krikorian, David

<b>A.</b>	Full Name (Last, First, Middle Initial) Nichan Kulukian	Date of Receipt MM / DD / YYYY 03 / 27 / 2010
	Mailing Address 17454 Golden Lane	<b>Transaction ID:</b> A3958D3E2B0B64B12B25
	City State Zip Code Granada Hills CA 91344-1922	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer retired Occupation Retired	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Adrienne Alexanian	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 305 E 40th St #6D	<b>Transaction ID:</b> A57CDC4CBF7B6414E8A1
	City State Zip Code New York NY 10016-2158	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer retired Occupation Teacher	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Raffi Tachdjian	Date of Receipt MM / DD / YYYY 03 / 27 / 2010
	Mailing Address 427 S. Bundy Drive	<b>Transaction ID:</b> ABAC4B3EB790F4B9195C
	City State Zip Code Los Angeles CA 90049-4031	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Huntington Memorial Hospital Occupation Physician-Allergist	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 30  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Krikorian, David

<p><b>A.</b> Full Name (Last, First, Middle Initial) Arthur Corvese</p> <p>Mailing Address 234 Lexington Ave</p> <p>City State Zip Code North Providence RI 02904-3116</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer self-employed Occupation Optometry</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">03 / 18 / 2010</span></p> <p><b>Transaction ID:</b> A403E731CFF5A46DDA33</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Ara Papazian</p> <p>Mailing Address 20650 Lugano Way</p> <p>City State Zip Code Porter Ranch CA 91326-4314</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer State Farm Insurance Occupation Insurance Agent</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">03 / 26 / 2010</span></p> <p><b>Transaction ID:</b> ADA97822218A649509E4</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) John Simourian</p> <p>Mailing Address Lily Transportation Corp. 210 Dedham St.</p> <p>City State Zip Code Dover MA 02030-2227</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Lily Transportation Corp. Occupation Owner</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">03 / 15 / 2010</span></p> <p><b>Transaction ID:</b> A0F58083F5966400F811</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Krikorian, David

<b>A.</b>	Full Name (Last, First, Middle Initial) Nevart Talanian		Date of Receipt
	Mailing Address The Addison 1500 S Ocean Boulevard #601		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Boca Raton	FL	33432-8274
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer SELF		Occupation Realtor
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>	
			Transaction ID: A690CAAE87AE24E77983
			Amount of Each Receipt this Period <input type="text" value="1000.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Armen Bahadourian		Date of Receipt
	Mailing Address 13352 Oxnard St.		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Valley Glen	CA	91401-4055
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Union Bank Investment		Occupation Sr. Financial Advisor
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="400.00"/>	
			Transaction ID: A080BED0139A5452C8DD
			Amount of Each Receipt this Period <input type="text" value="400.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Gerayer Kassabian		Date of Receipt
	Mailing Address 18525 Marbella Lane		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Tarzana	CA	91356-5724
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Astor & Phillips		Occupation Attorney
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="250.00"/>	
			Transaction ID: A6525DAEA52FD4CC28EB
			Amount of Each Receipt this Period <input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1650.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 12 / 30
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NAME OF COMMITTEE (In Full)  
Krikorian, David

<b>A.</b>	Full Name (Last, First, Middle Initial) Arbi Ohanian		Date of Receipt MM / DD / YYYY 03 / 27 / 2010
	Mailing Address 1741 Glenwood Rd.		<b>Transaction ID:</b> A62369699F0BB404DB86
	City Glendale	State CA	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Huntington Memorial Hospital		Occupation Physician
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Avedis Ovayan		Date of Receipt MM / DD / YYYY 03 / 27 / 2010
	Mailing Address 9978 Wheatland Ave.		<b>Transaction ID:</b> AAF446B532BCE4859ACB
	City Sunland	State CA	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer retired		Occupation Retired
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Antranig Kasbarian		Date of Receipt MM / DD / YYYY 03 / 27 / 2010
	Mailing Address 20 Capital Dr.		<b>Transaction ID:</b> A25CBEA92C89C4Aafb4F
	City Moonachie	State NJ	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Tufenkian Foundation, Inc.		Occupation President
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Krikorian, David

<b>A.</b>	Full Name (Last, First, Middle Initial) Joyce Yeremian		Date of Receipt MM / DD / YYYY 03 / 06 / 2010		
	Mailing Address 29 Plymouth Rd		<b>Transaction ID:</b> A94FC22B7B49E4B46A98		
	City North Providence	State RI	Zip Code 02904-5228	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer retired	Occupation Retired			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 600.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mireille Hamparian		Date of Receipt MM / DD / YYYY 03 / 28 / 2010		
	Mailing Address 2355 Roanoke Rd.		<b>Transaction ID:</b> A72913E8D353F4E54818		
	City San Marino	State CA	Zip Code 91108-2636	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self-employed	Occupation Doctor			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Hrair Koutnouyan		Date of Receipt MM / DD / YYYY 03 / 28 / 2010		
	Mailing Address 4370 Fairlawn Dr.		<b>Transaction ID:</b> A6B9E811EE7A94419902		
	City La Canada Flintrid	State CA	Zip Code 91011-3115	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ENT Otolaryngologists	Occupation Doctor			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 30  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Krikorian, David

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul Akian		Date of Receipt MM / DD / YYYY 02 / 23 / 2010		
	Mailing Address 26235 Technology Drive		<b>Transaction ID:</b> AAABA07A06A9C447D889		
	City Valencia	State CA	Zip Code 91355-1147	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer retired	Occupation Retired			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Mahdesian		Date of Receipt MM / DD / YYYY 03 / 27 / 2010		
	Mailing Address 13075 Blairwood Dr.		<b>Transaction ID:</b> AAE3E8CF8C7CC42CCAC7		
	City Studio City	State CA	Zip Code 91604-4033	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Servicon Systems Inc.	Occupation Business Executive			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Vahan Garboushian		Date of Receipt MM / DD / YYYY 03 / 28 / 2010		
	Mailing Address 1709 Apollo Court		<b>Transaction ID:</b> A154231AE24E2472F931		
	City Seal Beach	State CA	Zip Code 90740-5617	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Amonix	Occupation Information Requested			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Krikorian, David

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen Elmasian		Date of Receipt MM / DD / YYYY 03 / 20 / 2010		
	Mailing Address 28 Huxley Ave		Transaction ID: A88614EF3D54946E7A92		
	City Providence	State RI	Zip Code 02908-2812	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer State of Rhode Island	Occupation Fiscal Manager			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1150.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Garo Kassabian		Date of Receipt MM / DD / YYYY 02 / 22 / 2010		
	Mailing Address 436 N. Bedford Dr., Suite 301		Transaction ID: ACA86EAA9D10E44CD80A		
	City Beverly Hills	State CA	Zip Code 90210-4320	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Garo Kassabian MD, Inc.	Occupation Plastic Surgeon			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Gregory Adamian		Date of Receipt MM / DD / YYYY 03 / 10 / 2010		
	Mailing Address 22 9th St Apt 804		Transaction ID: A7C16B23D3AEA409AB03		
	City Medford	State MA	Zip Code 02155-5166	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bentley College	Occupation Chancellor			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 30  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Krikorian, David

**A.** Full Name (Last, First, Middle Initial)  
Mark Mesrobian

Mailing Address 114 Tupelo Trail

City State Zip Code  
Narragansett RI 02882-2431

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation self employed

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2010

**Transaction ID:** A16E630746C4B44168B0

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1 Brook Farm Rd

City State Zip Code  
North Providence RI 02904-3405

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 15 / 2010

**Transaction ID:** A22D50572A2D84C63AC7

Amount of Each Receipt this Period  
200.00

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

Mailing Address 141 S. Linden Drive

City State Zip Code  
Beverly Hills CA 90212-2250

FEC ID number of contributing federal political committee. **C**

Name of Employer Reed Smith LLP Occupation Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2010

**Transaction ID:** A43222BC62B1B43BF966

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1700.00**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Krikorian, David

**A.**

Full Name (Last, First, Middle Initial)  
George Aghjayan

Mailing Address 5 Shore Ave

City State Zip Code  
Westminster MA 01473-1712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Intex Solutions Actuary

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 1 0

Transaction ID: AE4C45717D36D47ADBD4

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Hirair Hovnanian

Mailing Address 600 Navesink River Road

City State Zip Code  
Red Bank NJ 07701-6347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hovsons Manager

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: AE82508FC2B664A55821

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ohanes Dimejian

Mailing Address 1445 Sierra Madre Villa Ave.

City State Zip Code  
Pasadena CA 91107-1555

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Century 21 Golden Broker

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 1 0

Transaction ID: A18D755813BB64587AB0

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 18 / 30</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Krikorian, David

<b>A.</b>	Full Name (Last, First, Middle Initial) Tina Glandian	Date of Receipt MM / DD / YYYY 03 / 27 / 2010
	Mailing Address 1111 Trafalger Dr.	<b>Transaction ID:</b> A3945D5357EBD4652AE9
	City State Zip Code Glendale CA 91207-1165	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Geragos & Geragos Attorney	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Anto Mesrobian	Date of Receipt MM / DD / YYYY 03 / 20 / 2010
	Mailing Address 141 Olney Ave	<b>Transaction ID:</b> A5FDFFDBA66814DB3811
	City State Zip Code North Providence RI 02911-3232	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation retired Retired	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ralph Rafaelian	Date of Receipt MM / DD / YYYY 03 / 20 / 2010
	Mailing Address 91 Tupelo Hill Dr	<b>Transaction ID:</b> A11AA8A2A9BEE4498B34
	City State Zip Code Cranston RI 02920-3745	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation cinerama jewelry Jeweler	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Krikorian, David

<b>A.</b>	Full Name (Last, First, Middle Initial) Berdj Karapetian		Date of Receipt
	Mailing Address 1623 Ben Lomond Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Glendale	CA	91202-1249
	FEC ID number of contributing federal political committee.		Transaction ID: ACA1D0E51633D47BE9A9
		Amount of Each Receipt this Period	<input type="text"/>
			500.00
Name of Employer Victory Adult Health Center		Occupation Manager	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/>
			500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Seto Eurdekian		Date of Receipt
	Mailing Address 44 West 62 Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	New York	NY	10023
	FEC ID number of contributing federal political committee.		Transaction ID: A280DBF1908964ACFA59
		Amount of Each Receipt this Period	<input type="text"/>
			200.00
Name of Employer Karlsberger Arch. P.C.		Occupation Architect	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/>
			450.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Martha Aramian		Date of Receipt
	Mailing Address 19 August St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Providence	RI	02908-2904
	FEC ID number of contributing federal political committee.		Transaction ID: AE609EB146F434DCE9D0
		Amount of Each Receipt this Period	<input type="text"/>
			500.00
Name of Employer retired		Occupation Retired	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/>
			500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/>	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>	

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

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

FOR LINE NUMBER: PAGE 20 / 30  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Krikorian, David

**A.** Full Name (Last, First, Middle Initial)  
Avedik Izmirlan  
Mailing Address 2169 Haven Dr.  
City Glendale State CA Zip Code 91208-2511  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation Entrepreneur  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Date of Receipt: 03 / 27 / 2010  
Transaction ID: AE05B680DFAA44DEA88F  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Stephen Mesrobian  
Mailing Address 1 Buckley Dr  
City Foxboro State MA Zip Code 02035-1586  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Aspect Medical Systems Occupation Engineering Manager  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Date of Receipt: 03 / 20 / 2010  
Transaction ID: A782F24B11C3F462A97F  
Amount of Each Receipt this Period: 1300.00

**C.** Full Name (Last, First, Middle Initial)  
Jack Messerlian  
Mailing Address 970 West 190th Street, Suite 100  
City Torrance State CA Zip Code 90502-1024  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation Retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Date of Receipt: 03 / 29 / 2010  
Transaction ID: A1ECAE634BFC84864997  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 30  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Krikorian, David

**A.** Full Name (Last, First, Middle Initial)  
Ralph Rafaelian

Mailing Address 91 Tupelo Hill Dr

City Cranston State RI Zip Code 02920-3745

FEC ID number of contributing federal political committee. **C**

Name of Employer cinerama jewelry Occupation Jeweler

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 03 / 01 / 2010  
**Transaction ID:** A33B601E32CB94F27841  
 Amount of Each Receipt this Period 1000.00

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

Mailing Address 4665 N West Ave

City Fresno State CA Zip Code 93705-0927

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2010  
**Transaction ID:** AC0F65ED3E7144DCAA8D  
 Amount of Each Receipt this Period 500.00

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

Mailing Address 3100 Pontiac St.

City La Crescenta State CA Zip Code 91214-2655

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation Physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2010  
**Transaction ID:** AFDBA9F94144E4E0EA53  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**TOTAL** This Period (last page this line number only) ..... ► 23600.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 30
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Krikorian, David

<b>A.</b>	Full Name (Last, First, Middle Initial) David H Krikorian	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address	<b>Transaction ID:</b> A1DD6F46FD8BE4D7498C
	City State Zip Code	Amount of Each Receipt this Period 25000.00
	FEC ID number of contributing federal political committee. C	Loan
	Name of Employer Occupation	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 142019.12	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	25000.00
<b>TOTAL</b> This Period (last page this line number only) .....	25000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
Krikorian, David

<b>A.</b>	Full Name (Last, First, Middle Initial) Geragos & Geragos  Mailing Address 644 South Figueroa Street  City Los Angeles State CA Zip Code 90017-3411  Purpose of Disbursement Legal Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: B30C14F1E83634E3F983 Date of Disbursement 01 / 14 / 2010  Amount of Each Disbursement this Period 8229.75
<b>B.</b>	Full Name (Last, First, Middle Initial) Chase Properties  Mailing Address P.O. Box 36520  City Louisville State KY Zip Code 40233-6520  Purpose of Disbursement travel paid for on credit card Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: BA8A9C518CE08489B9FC Date of Disbursement 01 / 15 / 2010  Amount of Each Disbursement this Period 4856.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Finney, Stagnaro, Saba & Patterson Co., L.P.A.  Mailing Address 2623 Erie Avenue  City Cincinnati State OH Zip Code 45208-2001  Purpose of Disbursement Legal Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: B7A4B8F456BB3428EB8E Date of Disbursement 01 / 15 / 2010  Amount of Each Disbursement this Period 7441.31

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	20527.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Krikorian, David

A.	Full Name (Last, First, Middle Initial) Nathan Noy  Mailing Address 435 Lillie Avenue  City Chillicothe State OH Zip Code 45601-3443  Purpose of Disbursement Office Work Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8FB9BDBDFF444038B2C Date of Disbursement 01 / 15 / 2010  Amount of Each Disbursement this Period 2000.00  Category/Type
B.	Full Name (Last, First, Middle Initial) City of Milford  Mailing Address 100 Bay Road  City Milford State OH Zip Code 45150  Purpose of Disbursement Building Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC64AC7034F9A4BA883D Date of Disbursement 01 / 21 / 2010  Amount of Each Disbursement this Period 300.00  Category/Type
C.	Full Name (Last, First, Middle Initial) Sarah Demaree  Mailing Address 168 Collier Ridge  City Columbus State OH Zip Code 43235-6444  Purpose of Disbursement Office Work Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6D733E7DDB684D7C91E Date of Disbursement 01 / 25 / 2010  Amount of Each Disbursement this Period 690.00  Category/Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶

2990.00

TOTAL This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Krikorian, David

<b>A.</b>	Full Name (Last, First, Middle Initial) Sarah Demaree  Mailing Address 168 Collier Ridge  City Columbus State OH Zip Code 43235-6444  Purpose of Disbursement Office Work Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5A88EC62DC6149E5B63 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 1 0  Amount of Each Disbursement this Period 47.08
<b>B.</b>	Full Name (Last, First, Middle Initial) Nathan Noy  Mailing Address 435 Lillie Avenue  City Chillicothe State OH Zip Code 45601-3443  Purpose of Disbursement Office Work Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDD6441AD334643759C7 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 1 0  Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Sarah Demaree  Mailing Address 168 Collier Ridge  City Columbus State OH Zip Code 43235-6444  Purpose of Disbursement Office Work Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4A3269B50A064EDCBE4 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 1 0  Amount of Each Disbursement this Period 585.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1632.08

**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Krikorian, David

<b>A.</b>	Full Name (Last, First, Middle Initial) Aristotle  Mailing Address 205 Pennsylvania Avenue  City Wasington State DC Zip Code 20003  Purpose of Disbursement Reporting Software Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7C8011CB592C4278AB7 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0  Amount of Each Disbursement this Period 2000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) DeTracey, LLC  Mailing Address 750 U.S. 50  City Milford State OH Zip Code 45150  Purpose of Disbursement Rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF2C73717F4634A40AC0 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0  Amount of Each Disbursement this Period 1100.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Nathan Noy  Mailing Address 435 Lillie Avenue  City Chillicothe State OH Zip Code 45601-3443  Purpose of Disbursement Office Work Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B57A53A136460494B890 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0  Amount of Each Disbursement this Period 1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**4100.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Krikorian, David

<b>A.</b> Full Name (Last, First, Middle Initial) Altherr Web Design, LLC <hr/> Mailing Address 612 Terrace View Drive <hr/> City Cincinnati State OH Zip Code 45255 <hr/> Purpose of Disbursement Web Design Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B286B2333CE3440A7919 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 50.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Sportzone, USA <hr/> Mailing Address 675 Ohio Pike <hr/> City Cincinnati State OH Zip Code 45245 <hr/> Purpose of Disbursement Shirts Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B21A5C1ECD5A64A889E5 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 6569.64
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Nathan Noy <hr/> Mailing Address 435 Lillie Avenue <hr/> City Chillicothe State OH Zip Code 45601-3443 <hr/> Purpose of Disbursement Office Work Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD112154F2D9C4237AD8 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8619.64</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Krikorian, David

A.

Full Name (Last, First, Middle Initial)  
Fore Fore Apparel & Design

Transaction ID: B339B95F03B964C41957  
Date of Disbursement

Mailing Address 7875 Montgomery Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	0

City Cincinnati State OH Zip Code 45236-4305

Amount of Each Disbursement this Period

Purpose of Disbursement  
Shirts

557.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Duke Energy Corp

Transaction ID: BB94C9FF470234529B29  
Date of Disbursement

Mailing Address P.O. Box 9001076

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

City Louisville State KY Zip Code 40290-1076

Amount of Each Disbursement this Period

Purpose of Disbursement  
Electric

971.64
--------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Kari Toll

Transaction ID: B0DE4C799BC2B4195887  
Date of Disbursement

Mailing Address 4714 Howard Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

City Cincinnati State OH Zip Code 45223-1625

Amount of Each Disbursement this Period

Purpose of Disbursement  
Office Work

500.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

2028.64
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 30

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Krikorian, David

A.	Full Name (Last, First, Middle Initial) ifbyphone.com  Mailing Address 8800 Bronx Avenue  City Skokie State IL Zip Code 60077  Purpose of Disbursement Polling Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B45527A395D314D0E880 Date of Disbursement 03 / 30 / 2010  Amount of Each Disbursement this Period 5101.08  Category/ Type
B.	Full Name (Last, First, Middle Initial) ACTBLUE  Mailing Address PO Box 382110  City Cambridge State MA Zip Code 02238-2110  Purpose of Disbursement Credit Card Processing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD453360B02A74AE4AAC Date of Disbursement 03 / 31 / 2010  Amount of Each Disbursement this Period 254.18  Category/ Type
C.	Full Name (Last, First, Middle Initial) Market Direct  Mailing Address 310 Culvert Street  City Cincinnati State OH Zip Code 45202  Purpose of Disbursement Mailings Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD8329CE0CC6B4EF8994 Date of Disbursement 03 / 31 / 2010  Amount of Each Disbursement this Period 6681.83  Category/ Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶

12037.09

TOTAL This Period (last page this line number only) ..... ▶

51934.51

**SCHEDULE C (FEC Form 3)**

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

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FOR LINE NUMBER: (check only one)  13a  13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Krikorian, David

**Transaction ID:** C1DD6F46FD8BE4D7498C

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) David H Krikorian		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State	ZIP Code
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 3 D D 3 1 Y Y Y Y 2 0 1 0	On Demand	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>25000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>25000.00</b>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.