Statement of Organization
Recipient Committee

Statement Type □ Initial Not yet qualified □ or □ Amendment List I.D. number:

☑ Termination - See Part 5 List I.D. number:

# 1333971
#

02 / 23 / 2013 Date of Termination

1. Committee Information
NAME OF COMMITTEE

FRIENDS OF THE IRANIAN AMERICAN JEWISH FEDERATION

STREET ADDRESS (NO P.O. BOX)

1317 NORTH CRESCENT HEIGHTS BLVD

CITY STATE ZIP CODE AREA CODE/PHONE

WEST HOLLYWOOD CA 90046 (323)654-4700

MAILING ADDRESS OF DIFFERENT)

SAME AS ABOVE

FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE


Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
NAME OF TREASURER

YOEL NEMAN

STREET ADDRESS (NO P.O. BOX)

1317 NORTH CRESCENT HEIGHTS BLVD

CITY STATE ZIP CODE AREA CODE/PHONE

WEST HOLLYWOOD CA 90046 (323)654-4700

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER/E

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on ______________________ By ______________________

Executed on ______________________ By ______________________

Executed on ______________________ By ______________________

Executed on ______________________ By ______________________

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSER

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Statement of Organization**
**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME:**
FRIENDS OF THE IRANIAN AMERICAN JEWISH FEDERATION

**1. COMMITTEE NAME:** FUNDING COMMITTEE (If not applicable, write N/A)

- **All committees must list the financial institution where the campaign bank account is located.**

**BANK OF AMERICA**

- **NAME OF INSTITUTION:**
- **AREA CODE/PHONE:** (888)400-9009
- **BANK ACCOUNT NUMBER:** 002007973542
- **ADDRESS:** PO BOX 25118
- **CITY:** TAMPA
- **STATE:** FL
- **ZIP CODE:** 33622

**4. Type of Committee:** Complete the applicable sections.

**Controlled Committee:**
- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check “nonpartisan.”
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE Sought or Held (Include District Number if Applicable)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
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<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee:** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE Sought or Held or Measure(S) Jurisdiction (Include District No., City or County, as Applicable)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
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<td></td>
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<td>OPPOSE</td>
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<td>SUPPORT</td>
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<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

FRIENDS OF THE IRANIAN AMERICAN JEWISH FEDERATION

4. Type of Committee (Continued)

- General Purpose Committee
  Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
  - CITY Committee
  - COUNTY Committee
  - STATE Committee

5. Termination Requirements
   By signing the verification, the treasurer, assistant treasurer and/or candidate, officer, holder, or proponent certify that all of the following conditions have been met:
   - This committee has ceased to receive contributions and make expenditures;
   - This committee does not anticipate receiving contributions or making expenditures in the future;
   - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
   - This committee has no surplus funds; and
   - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

   -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

   -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.