A statement of organization

Committee Information

NAME OF COMMITTEE
Friends of the Iranian American Jewish Federation

ADDRESS (NO P.O. BOX)
1317 N. Crescent Heights Blvd
West Hollywood, CA 90046

TREASURER
Joel Nemar

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Joel Nemar

ADDRESS (NO P.O. BOX)
1317 N. Crescent Heights Blvd
West Hollywood, CA 90046

CITY West Hollywood STATE CA ZIP CODE 90046 AREA CODE/PHONE 323-654-4700

CITY West Hollywood STATE CA ZIP CODE 90046 AREA CODE/PHONE 323-654-4700

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STREET ADDRESS (NO P.O. BOX)

CITY

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

FPPC Form 410 (June/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 12/10

Signature of Treasurer or Assistant Treasurer

Signature of Controlling Officer, Candidate, or State Measure Proponent

Signature of Controlling Officer, Candidate, or State Measure Proponent

Signature of Controlling Officer, Candidate, or State Measure Proponent

**Statement of Organization**  
Recipient Committee

**INSTRUCTIONS ON REVERSE**

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

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 "non-partisan."
- 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>☐ Non-Partisan</td>
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<td>☐ Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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<tbody>
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</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>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

ENCOURAGE IRANIAN AMERICAN PARTICIPATION IN THE LOCAL ELECTION PROCESS

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, 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.