Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [X] General Purpose Committee
   - [ ] State Candidate Election Committee
   - [ ] Sponsored (Also Complete Part 5)
   - [X] Small Contributor Committee
   - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
   - [ ] Primarily Formed Candidate/Officeholder Committee
   - [ ] Controlled (Also Complete Part 6)
   - [ ] Sponsored (Also Complete Part 6)

2. Type of Statement:
   - [ ] Preelection Statement
   - [ ] Semi-annual Statement
   - [ ] Amendment (Explain below)
   - [X] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information
   I.D. NUMBER: 1333471
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
   FRIENDS OF THE KANIAN AMERICAN JEWISH FEDERATION
   STREET ADDRESS (NO P.O. BOX):
   1317 N. CRESCENT HEIGHTS BLVD
   CITY: WEST HOLLYWOOD
   STATE: CA
   ZIP CODE: 90046
   Mailing Address:
   1317 N. CRESCENT HEIGHTS BLVD
   CITY: WEST HOLLYWOOD
   STATE: CA
   ZIP CODE: 90046
   Mailing Address (If Different) No. And Street Or P.O. Box
   City:
   State:
   Zip Code:
   Area Code/Phone:

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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: 2-24-2011
   Date:

   By: [Signature]
   Signature of Treasurer or Assistant Treasurer

   Executed on:
   Date:

   By: [Signature]
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on:
   Date:

   By: [Signature]
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on:
   Date:

   By: [Signature]
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FFPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 7-1-10
through 12-31-10

Page 2 of 2

CALIFORNIA FORM 460

NAME OF FILER

Helenos of the Iranian American Jewish Federation

FULL NAME, STREET ADDRESS AND ZIP CODE
OF LENDER

MANOCHER K NAZARI
7122 - A Beverly Blvd
Los Angeles, CA 90036

IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER

President
West Side Wholesale Electric

OUTSTANDING
BALANCE
BEGINNING THIS
PERIOD

0

30,000

AMOUNT PAID
OR FORGIVEN
THIS PERIOD*

$ 0

$ 30,000

INTEREST PAID
THIS PERIOD

0

AMOUNT PAID
OR FORGIVEN
THIS PERIOD

DATE DUE

OUTSTANDING
BALANCE AT
CLOSE OF THIS
PERIOD

NA

DATE INCURRED

ORIGINAL
AMOUNT OF
LOAN

30,000

DATE OF DISBURSEMENT

PER ELECTION**

CALENDAR YEAR

$ 2010

SUBTOTALS

30,000

$ 2010

Schedule B Summary

1. Loans received this period ................................................................. $ 
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ................................................ $ 
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) 
   Enter the net here and on the Summary Page, Column A, Line 2. 
   NET $ 
   (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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