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
   - [ ] State Candidate Election Committee
   - [ ] Recall
     (Also Complete Part 8)
   - [X] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Candidate/Officiable Committee
     (Also Complete Part 7)

2. Type of Statement:
   - [ ] Preelection Statement
   - [X] Semi-annual Statement
   - [ ] Termination Statement
   - [ ] Amendment (Explain below)

3. Committee Information
   I.D. NUMBER 1333911
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE):
   FRIENDS OF THE IRANIAN AMERICAN JEWISH FEDERATION
   STREET ADDRESS (NO P.O. BOX):
   1317 CRESCENT HEIGHTS BLVD
   CITY, STATE ZIP CODE AREA CODE/PHONE:
   WEST HOLLYWOOD, CA 90046 323.654.4700
   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 1-30-2012
   By ____________________________
   Signature of Treasurer or Assistant Treasurer

   Executed on __________________
   By ____________________________
   Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on __________________
   By ____________________________
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   Executed on __________________
   By ____________________________
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   By ____________________________
   Signature of Treasurer or Assistant Treasurer

FPPC Form 460 (Draft-August/04)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275/3772)
State of California
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$19.49</td>
<td>$19.49</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>19.49</td>
<td>19.49</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>19.49</td>
<td>19.49</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$305,409</td>
<td>$12,607.00</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>305,409</td>
<td>12,607.00</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>305,409</td>
<td>12,607.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$3180.94</td>
<td>$19.49</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>305,409</td>
<td>19.49</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>$14639.09</td>
<td>$19.49</td>
</tr>
</tbody>
</table>

If this is a termination statement, Line 16 must be zero.

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
**Schedule E**

**Payments Made**

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

- **Statement covers period**
  - **from:** 07-01-2011
  - **through:** 12-31-2011

**NAME OF FILER**

Friends of the Iranian American Jewish Federation

**I.D. NUMBER**

133391

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP: campaign paraphernalia/misc.
- CNS: campaign consultants
- CTB: contribution (explain nonmonetary)*
- CVC: civic donations
- FFL: candidate filing/ballot fees
- RND: fundraising events
- IND: independent expenditure supporting/opposing others (explain)*
- LEG: legal defense
- LIT: campaign literature and mailings
- MBR: member communications
- MTG: meetings and appearances
- OFC: office expenses
- PET: petition circulating
- PHO: phone banks
- POL: polling and survey research
- POS: postage, delivery and messenger services
- PRO: professional services (legal, accounting)
- PRT: print ads
- RAD: radio airtime and production costs
- RFD: returned contributions
- SAL: campaign workers' salaries
- TEL: t.v. or cable airtime and production costs
- TRC: candidate travel, lodging, and meals
- TRS: staff/spouse travel, lodging, and meals
- TSF: transfer between committees of the same candidate/sponsor
- VOT: voter registration
- WEB: information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAOCHEIR NAZARIAIN</td>
<td>LOAN REPAYMENT</td>
<td>$3000</td>
</tr>
<tr>
<td>7122 A BEVERLY BLVD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOS ANGELES CA 90063</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E Summary**

1. **$3000** payments made this period of $100 or more. (Include all Schedule E subtotals.)
2. **$54.09** Unitemized payments made this period of under $100
3. **$0** Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)).
4. **$305.09** Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

**SUBTOTAL** $
# Schedule H
## Loans Made to Others*

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

**Statement covers period**

- **from**: 7-1-2011
- **through**: 12-31-2011

**CALIFORNIA FORM 460**

**Page 5 of 5**

**I.D. NUMBER**: 1353971

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**FRIENDS OF THE ISRAELI AMERICAN JEWISH FEDERATION**

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<table>
<thead>
<tr>
<th><strong>FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT</strong></th>
<th><strong>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER</strong></th>
<th><strong>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</strong></th>
<th><strong>(b) AMOUNT LOANED THIS PERIOD</strong></th>
<th><strong>(c) REPAYMENT OR FORGIVENESS THIS PERIOD</strong></th>
<th><strong>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</strong></th>
<th><strong>(e) INTEREST RECEIVED</strong></th>
<th><strong>(f) ORIGINAL AMOUNT OF LOAN</strong></th>
<th><strong>(g) CUMULATIVE LOANS TO DATE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MANOCHA NAZARIAN</strong></td>
<td><strong>President</strong></td>
<td><strong>$3,000</strong></td>
<td><strong>$0</strong></td>
<td><strong>X PAID</strong></td>
<td><strong>$0</strong></td>
<td><strong>0 %</strong></td>
<td><strong>33,000</strong></td>
<td><strong>$33,000</strong></td>
</tr>
<tr>
<td></td>
<td><strong>WESTSIDE WHOLESALE ELECTRIC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.*

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**Schedule H Summary**

1. Loans made this period ................................................. **$0**
   
   (Total Column (b) plus unitemized loans less than $100.)

2. Payments received on loans ........................................... **$3,000**
   
   (Total Column (c) plus unitemized payments less than $100.)

3. Net change this period. **(Subtract Line 2 from Line 1.)**
   
   (Enter the net here and on the Summary Page, Column A, Line 7.)
   
   **NET $3,000**
   
   (May be a negative number)

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**FPPC Form 460 (August/04)**

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