

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp RECEIVED CITY OF BEVERLY HILLS 2017 FEB 23 P 1:40 CITY CLERK'S OFFICE	CALIFORNIA FORM 460
	Page <u>1</u> of <u>8</u>
	For Official Use Only <i>indexed</i> <i>2/23/17 bp</i>

Statement covers period from <u>January 22, 2017</u> through <u>February 18, 2017</u>	Date of election if applicable: (Month, Day, Year) <u>March 7, 2017</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination) | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1388782

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Lester Friedman for City Council (2017)

STREET ADDRESS (NO P.O. BOX)
c/o FTA Events, 280 So. Beverly Drive, Ste.302

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Beverly Hills</u>	<u>CA</u>	<u>90212</u>	<u>(310)288-0517</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
ljf718@aol.com

Treasurer(s)

NAME OF TREASURER
Michael Barry

MAILING ADDRESS
211 So. Spalding Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Beverly Hills</u>	<u>CA</u>	<u>90212</u>	<u>(310)275-4317</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

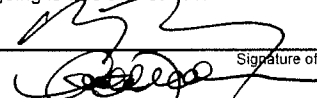
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

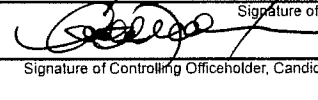
Executed on February 23, 2017
Date

Executed on February 23, 2017
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

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

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Lester Friedman

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council of Beverly Hills

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
280 So. Beverly Drive, Ste. 302 Beverly Hills, CA 90212

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>January 22, 2017</u> through <u>February 18, 2017</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>8</u>
I.D. NUMBER 1388782	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lester Friedman for City Council (2017)

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>8,923</u>	\$ <u>12,253</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>25</u>	<u>25</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>8,948</u>	\$ <u>12,278</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>8,948</u>	\$ <u>12,278</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>12,253</u>	\$ _____
21. Expenditures Made	\$ <u>3,040</u>	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>1,572</u>	\$ <u>3,040</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>1,572</u>	\$ <u>3,040</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>1,572</u>	\$ <u>3,040</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>11,068</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>8,948</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>1,572</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>18,444</u>

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ <u>18,444</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>5,050</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.

Amounts may be rounded
whole dollars

Statement covers period from <u>January 22, 2017</u> through <u>February 18, 2017</u>	CALIFORNIA FORM 46D Page <u>4</u> of <u>8</u>
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SEE INSTRUCTIONS ON REVERSE

Lester Friedman for City Council (2017)

I.D. NUMBER 1388782

DATE RECEIVED	FULL NAME, STREET ADDRESS & ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)					CONTRIB. CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ETNER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	First Name	Last Name	Street	City	Zip		Occupation	Employer (If Applic.)		
1/27/17	Mr. Shahram	Melamed	445 Martin Place	Beverly Hills	90210	IND	Consultant	Self	\$300.00	\$300.00
1/27/17	Mrs. Shahram	Melamed	445 Martin Place	Beverly Hills	90210	IND	Homemaker		\$300.00	\$300.00
1/27/17	Dr. Reuben	Melamed	500 Usher Place	Beverly Hills	90210	IND	Retired		\$300.00	\$300.00
1/27/17	Mrs. Reuben	Melamed	500 Usher Place	Beverly Hills	90210	IND	Homemaker		\$300.00	\$300.00
1/27/17	Mr. Jonathan	Brooks	15915 Ventura Blvd. #203	Encino	91436	IND	President	First Probate Loans	\$100.00	\$100.00
1/27/17	Dr. Robert	Gerber	8631 W. Third St. #730 E	Los Angeles	90048	IND	Dentist	Self	\$100.00	\$100.00
1/27/17	Mr. and Mrs. Greg	Kaplan	3932 Wilshire Blvd. #100	Los Angeles	90010	IND	President	Wilshire Center Dental Group	\$100.00	\$100.00
1/27/17	Mr. Steven	Fenton	9903 Santa Monica Blvd. #260	Beverly Hills	90210	IND	President	LG Entertainment	\$200.00	\$200.00
1/27/17	Dr. Arnold	Gilberg	1236 Shadow Hill Way	Beverly Hills	90210	IND	Physician	Self	\$250.00	\$250.00
1/28/17	Ms. Lisa	Greer	1001 N. Roxbury Dr.	Beverly Hills	90210	IND	Trustee	Greer Trust	\$200.00	\$200.00
2/6/17	Mr. Michael	Schwab	9595 Wilshire Blvd. #401	Beverly Hills	90212	IND	Self	Developer	\$450.00	\$450.00
2/6/17	Mrs. Michael	Schwab	9595 Wilshire Blvd. #401	Beverly Hills	90212	IND	Homemaker		\$450.00	\$450.00
2/6/17	Mr. Kevin	Lipton	1123 El Retiro	Beverly Hills	90210	IND	Self	Business Coins	\$450.00	\$450.00
2/6/17	Mrs. Kevin	Lipton	1123 El Retiro	Beverly Hills	90210	IND	Homemaker		\$450.00	\$450.00
2/6/17	Antonio	Villalobos	435 N. Bedford Dr. #404	Beverly Hills	90210	IND	Retired		\$250.00	\$250.00
2/6/17	Dr. Diane	Weiss	435 N. Bedford Dr. #404	Beverly Hills	90210	IND	Physican	Self	\$250.00	\$250.00
2/6/17	Mr. and Mrs. Mark	Schwartz	710 Foothill Rd.	Beverly Hills	90210	IND	Chairman of Board Director	HDI Company	\$150.00	\$150.00
2/6/17	Ms. Stephanie	Gardner	219 N. Maple Dr.	Beverly Hills	90210	IND	Homemaker		\$200.00	\$200.00
2/6/17	Ms. Sherry	Grant	111 North Norton	Los Angeles	90004	IND	Attorney	GEK Law Firm	\$250.00	\$250.00
2/6/17	Mr. William	Shaw	425 S. Beverly Dr. #100	Beverly Hills	90212	IND	Attorney	Self	\$450.00	\$450.00

Schedule A
 Monetary Contributions Received

Type or print in ink.

Amounts may be rounded
 whole dollars

Statement covers period from <u>January 22, 2017</u> through <u>February 18, 2017</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>8</u>
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SEE INSTRUCTIONS ON REVERSE

Lester Friedman for City Council (2017)

I.D. NUMBER 1388782

DATE RECEIVED	FULL NAME, STREET ADDRESS & ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIB. CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ETNER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
First Name	Last Name	Street	City	Zip	Occupation	Employer (If Applic.)
					\$0.00	\$0.00
SUBTOTALS				\$8,650.00		

SCHEDULE A SUMMARY

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.).....	\$8,650.00
2. Amount received this period - unitemized monetary contributions of less than \$100.....	\$273.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	\$8,923.00

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

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>January 22, 2017</u> through <u>February 18, 2017</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lester Friedman for City Council (2017)

I.D. NUMBER

1388782

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Lester Friedman c/o FTA Events & Marketing 280 So. Beverly Drive Ste. 302 Beverly Hills, CA 90212 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>5,025</u>	\$ <u>25</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>5,050</u> <u>Demand</u> DATE DUE	<u>0</u> % RATE \$ <u>0</u>	\$ <u>2,500</u> <u>7/1/16</u> DATE INCURRED	CALENDAR YEAR \$ <u>5,050</u> PER ELECTION** \$ <u>5,050</u>	
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____	
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____	
SUBTOTALS		\$	25	\$	0	\$	5,050	\$	0

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 25
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET** \$ 25
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

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

Schedule E
Payments Made

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

Statement covers period from <u>January 22, 2017</u> through February 18, 2017	CALIFORNIA FORM 460 Page <u>8</u> of <u>8</u>
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SEE INSTRUCTIONS ON REVERSE

Lester Friedman for City Council (2017)

I.D. NUMBER _____

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION	AMOUNT PAID
Voter Slate 6285 E Spring St #202, Long Beach, CA 90808	LIT	Mailers	\$534
Budget Print 1718 Westwood Blvd, Los Angeles, CA 90024	CMP	Printed envelopes, contribution forms	\$533
Beverly Hills Weekly 140 S Beverly Dr #201, Beverly Hills, CA 90212	PRT	Ad	\$400

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$1,467

SCHEDULE E SUMMARY

1. Itemized payments made this period. (Include all Schedule E Subtotals).....	\$1,467
2. Unitemized payments made this period of under \$100.....	\$105
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0
4. Total payments made this period. (add Lines 1,2,3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$1,572