

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: List I.D. number:
 # 1388782 # _____
 _____/_____/_____ 03/15/2016 _____/_____/_____
 Date qualified as committee Date qualified as committee Date of Termination
 (If applicable)

Date Stamp	CALIFORNIA FORM 410 For Official Use Only
RECEIVED CITY OF BEVERLY HILLS 2017 JAN -5 A 8:51 CITY CLERK'S OFFICE	
indexed 1/5/17 bp	

1. Committee Information

NAME OF COMMITTEE
LESTER FRIEDMAN FOR CITY COUNCIL (2017)

STREET ADDRESS (NO P.O. BOX)
C/O FTA EVENTS, 280 S BEVERLY DR. SUITE 302

CITY	STATE	ZIP CODE	AREA CODE/PHONE
BEVERLY HILLS	CA	90212	(310)288-0517

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
LJF718@AOL.COM

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
LOS ANGELES	BEVERLY HILLS, CA

2. Treasurer and Other Principal Officers

NAME OF TREASURER
MICHAEL BARRY

STREET ADDRESS (NO P.O. BOX)
211 S SPALDING DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
BEVERLY HILLS	CA	90212	(310)275-4317

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

NAME OF PRINCIPAL OFFICER(S)

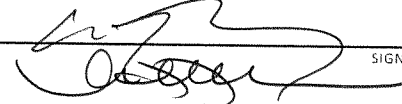
STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

Attach additional information on appropriately labeled continuation sheets.

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 01/03/2017 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER
DATE

Executed on 01/03/2017 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
DATE

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
DATE

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
DATE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME
LESTER FRIEDMAN FOR CITY COUNCIL (2017)

I.D. NUMBER
1388782

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

NAME OF FINANCIAL INSTITUTION WELLS FARGO BANK	AREA CODE/PHONE (424)332-1400	BANK ACCOUNT NUMBER 9793955650
ADDRESS 315 S BEVERLY DRIVE #100	CITY BEVERLY HILLS	STATE ZIP CODE CA 90212

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
LESTER FRIEDMAN	BEVERLY HILLS CITY COUNCIL	2017	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
LESTER FRIEDMAN FOR CITY COUNCIL (2017)

I.D. NUMBER
1388782

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

NAME OF FINANCIAL INSTITUTION BANK OF AMERICA, N.A.	AREA CODE/PHONE (800)432-1000	BANK ACCOUNT NUMBER 325039802336
ADDRESS 460 N BEVERLY DR	CITY BEVERLY HILLS	STATE ZIP CODE CA 90212

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
LESTER FRIEDMAN	BEVERLY HILLS CITY COUNCIL	2017	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>