Statement of Organization
Recipient Committee

**Statement Type**
- Initial [ ]
- Not yet qualified [ ]
- Amendment [ ]
- List I.D. number: #1388782
- Termination – See Part 5
- List I.D. number:

**Date qualified as committee**: 01/03/2017
**Date qualified as committee (if applicable)**:
**Date of Termination**:

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### 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
BEVERLY HILLS, CA 90212

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

**Mailing Address (if different)**

**FAX / E-MAIL ADDRESS**
LJF718@AOL.COM

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

**List ID. number**:

---

### 2. Treasurer and Other Principal Officers
**NAME OF TREASURER**
MICHAEL BARRY

**STREET ADDRESS (NO P.O. BOX)**
211 S SPALDING DRIVE
BEVERLY HILLS, CA 90212

**CITY**
BEVERLY HILLS
**STATE**
CA
**ZIP CODE**
90212
**AREA CODE/PHONE**
(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**

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### 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**

**Executed on**
01/03/2017
**By**

**Executed on**
**By**

**Executed on**
**By**

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT**

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT**

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT**
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
LESTER FRIEDMAN FOR CITY COUNCIL (2017)

ID 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
CA

ZIP CODE
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.

<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>LESTER FRIEDMAN</td>
<td>BEVERLY HILLS CITY COUNCIL</td>
<td>2017</td>
<td>□ Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Nonpartisan</td>
</tr>
</tbody>
</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>SUPPORT</th>
<th>OPPOSE</th>
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<td></td>
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FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
• All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>BANK OF AMERICA, N.A.</td>
<td>(800)432-1000</td>
<td>325039802336</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
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<th>STATE</th>
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