

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Iranian American Political Action Committee

ADDRESS (number and street) 40 West 57th Street  
20th Floor  
 Check if different than previously reported. (ACC)  
New York NY 10019

2. **FEC IDENTIFICATION NUMBER** C00382028  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 02 01 2007 through 02 28 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Akbar Ghahary, Ph.D.

Signature of Treasurer Electronically Filed by Akbar Ghahary, Ph.D. Date 03 20 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Iranian American Political Action Committee

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		12238.11
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	15633.92									
(c) Total Receipts (from Line 19) .....	22350.16	32575.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	37984.08	44813.45								
7. Total Disbursements (from Line 31) .....	19676.65	26506.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	18307.43	18307.43								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Iranian American Political Action Committee

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	21800.00	31800.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	550.00	775.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	22350.00	32575.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	22350.00	32575.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.16	0.34
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	22350.16	32575.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22350.16	32575.34

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	19676.65	26506.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	19676.65	26506.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19676.65	26506.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	19676.65	26506.02

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	22350.00	32575.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22350.00	32575.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	19676.65	26506.02
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	19676.65	26506.02

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Iranian American Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Sean Afshar

Mailing Address 45 Brandermill Drive

City State Zip Code  
Henderson NV 89052

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Real Estate Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.6710

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
Amir Asavadi

Mailing Address 500 Wald

City State Zip Code  
Irvine CA 92618

FEC ID number of contributing federal political committee. **C**

Name of Employer Nexem Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.6728

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Ladan Behnia

Mailing Address 1850 Loma Vista Drive

City State Zip Code  
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Globalnotice Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.6730

Amount of Each Receipt this Period  
600.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Iranian American Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Majid Esmaellil</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address 8725 East Wiley Way		<b>Transaction ID: SA11A1.6732</b>	
City State Zip Code Anaheim Hills CA 92808		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self employed Occupation Dentist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Nina Ghavami</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 0 7	
Mailing Address 119 Prospect Street		<b>Transaction ID: SA11A1.6739</b>	
City State Zip Code Ridgewood NJ 07450		Amount of Each Receipt this Period 3500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) <b>C. Amir Hashemian</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 0 7	
Mailing Address 2808 Willis Street		<b>Transaction ID: SA11A1.6726</b>	
City State Zip Code Santa Ana CA 92705		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Nutrade Inc. Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Iranian American Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Forough B. Hosseini		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address 23279 Beville Road		<b>Transaction ID:</b> SA11A1.6703	
City State Zip Code Daytona Beach FL 32119		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ICI Homes Occupation Systems Analyst			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Morteza Hosseini		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address 2379 Beville Road		<b>Transaction ID:</b> SA11A1.6702	
City State Zip Code Dayton Beach FL 32119		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ICI Homes Occupation Chairman & CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Assad J Kazeminy		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7	
Mailing Address 10 Vanderbilt		<b>Transaction ID:</b> SA11A1.6712	
City State Zip Code Irvine CA 92618		Amount of Each Receipt this Period 1200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Irvine Pharmaceutical Services Occupation President/CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	11200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Iranian American Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Lili Laghai		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address 116 Alhambra		<b>Transaction ID:</b> SA11A1.6724	
City State Zip Code Irvine CA 92620		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SAIC		Occupation Sr, Systems Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Noushin Maleknasr		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 7	
Mailing Address 10641 Missouri Avenue		<b>Transaction ID:</b> SA11A1.6737	
City State Zip Code Los Angeles CA 90025		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bank of America		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Abe Massoudi		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address 1570 Corporate Drive		<b>Transaction ID:</b> SA11A1.6722	
City State Zip Code Costa Mesa CA 92626		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CES		Occupation Civil/Construction Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Iranian American Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Sivoush Nayyeri

Mailing Address 2332 Barranca Parkway

City Irvine State CA Zip Code 92606

FEC ID number of contributing federal political committee. **C**

Name of Employer Kusha, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.6714

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
Hossein Pourmand

Mailing Address 2184 Linda Flora Drive

City Los Angeles State CA Zip Code 90077

FEC ID number of contributing federal political committee. **C**

Name of Employer Cadelis Occupation VP Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.6716

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Shirin Rahimian

Mailing Address 630 Laurel Drive

City Sacramento State CA Zip Code 95861

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.6721

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Iranian American Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Shirin Rahimian		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 0 7	
Mailing Address 630 Laurel Drive		<b>Transaction ID:</b> SA11A1.6736	
City State Zip Code Sacramento CA 95861	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Scheherazade Saleh		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 0 7	
Mailing Address 10560 Wilsur Blvd		<b>Transaction ID:</b> SA11A1.6734	
City State Zip Code Los Angeles CA 10024	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self employed	Occupation Artist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	21800.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Iranian American Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID:</b> SB21B.6741 Date of Disbursement																				
Mailing Address P.O. Box 150462		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	1		2	0	0	7													
City Hartford	State CT	Zip Code 06115																				
Purpose of Disbursement Payroll taxes	Amount of Each Disbursement this Period <table border="1"><tr><td>1008.00</td></tr></table>		1008.00																			
1008.00																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:	Category/ Type																					

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		<b>Transaction ID:</b> SB21B.6745 Date of Disbursement																				
Mailing Address P.O. Box 150462		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	8		2	0	0	7													
City Hartford	State CT	Zip Code 06115																				
Purpose of Disbursement Credit card processing fee	Amount of Each Disbursement this Period <table border="1"><tr><td>40.63</td></tr></table>		40.63																			
40.63																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:	Category/ Type																					

Full Name (Last, First, Middle Initial) <b>C. Bonner Group Inc.</b>		<b>Transaction ID:</b> SB21B.6742 Date of Disbursement																				
Mailing Address 729 15th Street NW #3		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	1		2	0	0	7													
City Washington	State DC	Zip Code 20005																				
Purpose of Disbursement Rent	Amount of Each Disbursement this Period <table border="1"><tr><td>600.00</td></tr></table>		600.00																			
600.00																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:	Category/ Type																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1648.63</td></tr></table>	1648.63
1648.63		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Iranian American Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Bonner Group Inc.</b>		<b>Transaction ID:</b> SB21B.6743 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 729 15th Street NW #3		Amount of Each Disbursement this Period 117.60
City Washington State DC Zip Code 20005	Purpose of Disbursement Fax and courier reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. D. C. Treasurer</b>		<b>Transaction ID:</b> SB21B.6746 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 7792		Amount of Each Disbursement this Period 254.00
City Washington State DC Zip Code 20044	Purpose of Disbursement Payroll taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		<b>Transaction ID:</b> SB21B.6747 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period 239.60
City Atlanta State GA Zip Code 30320	Purpose of Disbursement Travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	611.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Iranian American Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Gallery Ovissi</b>		<b>Transaction ID:</b> SB21B.6748
Mailing Address 1381 Park Lane Drive		Date of Disbursement MM / DD / YYYY 02 / 26 / 2007
City Reston	State VA	Zip Code 20190
Purpose of Disbursement Awards	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 480.00	

Full Name (Last, First, Middle Initial) <b>B. Morad Ghorban</b>		<b>Transaction ID:</b> SB21B.6756
Mailing Address 2227 20th Street NW Apt. 506		Date of Disbursement MM / DD / YYYY 02 / 01 / 2007
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 3000.44	

Full Name (Last, First, Middle Initial) <b>C. Island Hotel</b>		<b>Transaction ID:</b> SB21B.6750
Mailing Address 690 Newport Center Drive		Date of Disbursement MM / DD / YYYY 02 / 20 / 2007
City Newport Beach	State CA	Zip Code 92660
Purpose of Disbursement Generic catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 10000.00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>13480.44</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Iranian American Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Island Hotel</b>		<b>Transaction ID:</b> SB21B.6752
Mailing Address 690 Newport Center Drive		Date of Disbursement MM / DD / YYYY 02 / 28 / 2007
City Newport Beach	State CA	Zip Code 92660
Purpose of Disbursement Generic catering	Amount of Each Disbursement this Period 2000.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Linkore LLC</b>		<b>Transaction ID:</b> SB21B.6754
Mailing Address 3723 Haven Avenue		Date of Disbursement MM / DD / YYYY 02 / 01 / 2007
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Web hosting	Amount of Each Disbursement this Period 450.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Linkore LLC</b>		<b>Transaction ID:</b> SB21B.6755
Mailing Address 3723 Haven Avenue		Date of Disbursement MM / DD / YYYY 02 / 16 / 2007
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Web hosting	Amount of Each Disbursement this Period 45.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2495.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

Iranian American Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Political Compliance Services Inc

Mailing Address P.O. Box 373

City State Zip Code  
Fairfax Station VA 22039

Purpose of Disbursement  
Compliance consultant

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6758

Date of Disbursement

/   /

Amount of Each Disbursement this Period

986.90

**SUBTOTAL** of Disbursements This Page (optional) .....

986.90

**TOTAL** This Period (last page this line number only) .....

19222.17