Recipient Committee					COVER PAGE	
Campaign Statement	Type or print in	ı înk.	р	CALIFORNIA / CO		
Cover Page					2001/02 460	
(Government Code Sections 84200-84216.5)			CITY CLE	.RK	FORM	
(Government Gode Gections 64200-64210.5)	Statement covers period	Date of election if applicables		V 10. 20	1 , 19	
	3/20/2011	Date of election if applicable (Month, Day, Year)	ITJUL 29 AI	9 10: 37 1	Page 1 of 19	
	from	-]			For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	through6/30/2011			-		
1. Type of Recipient Committee: All Committees - Co	mplete Paris 1, 2, 3, and 4.	2. Type of Statement:			·	
	rimarily Formed Ballot Measure	Preelection Statement		C Overded	Olaka	
	Committee	Semi-annual Statement			y Statement	
-	Controlled	Termination Statement		_ ·	Odd-Year Report nental Preelection	
	Sponsored	(Also file a Form 410 Te	ermination)		nt - Attach Form 495	
General Purpose Committee	Also Complete Part 6)	Amendment (Explain b	elow)			
O Sponsored	rimarily Formed Candidate/	1 -	·			
<u> </u>	Officeholder Committee Also Complete Part 7)					
O Political Party/Central Committee	uso complete Part II					
	D. NUMBER 030080	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	70000	NAME OF TREASURER				
David G. Weaver		David B. Small				
David G. Weave:		MAILING ADDRESS	.			
		3529 Ocean View Blvd.				
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
		Glendale	CA	91208	(818)249-9896	
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		01200	(0.10)2-10-0000	
Glendale CA 9120	8		• • • • • • • • • • • • • • • • • • • •			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	OX	MAILING ADDRESS				
CITY STATE ZIP C	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
	ARCA GODEN HORE	Off	SIAIC	217 0000	AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	w·-		
			·			
4. Verification						
I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californi	this statement and to the best of my kr a that the foregoing is true and correct	owledge the information contained her	rein and in the attach	ed schedules	is true and complete. I certify	
7/26/2011						
Executed on	Ву	A There	T			
7/26/2011	; 4	Albanture of Transport Pasietant	11648UFCF			
Executed on Date	By A Skinature of		ponent or Responsible Office	rof Some~	_	
7/26/2011	1014	10h WI)	wjereite		
Executed onDate	8y K	Signature of Coravolling Officeholder, Candidate, Si	tale Measure Proponent			
Executed on	. Ву		•			
Deta	~, 	St			_	

Page	2	of	19	
3-		· · ·		_

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
David G. Weaver							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER JURISE	DICTION		SUPPORT	
City Council Member, City of Glendale						OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	ET) CITY STATE ZIP						
	Glendale CA 91208		Identify the controlling officeholde	r, candidate, or s	state measure	proponent, if a	
			NAME OF OFFICEHOLDER, CANDIDATE, C	OR PROPONENT			
Related Committees Not Included in the not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY	
COMMITTEE NAME	I.D. NUMBER				<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	CONTROLLED COMMITTEE?	7.	Primarily Formed Candidate/O	ch this committee	is primarily form		
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (N	YES NO	7.		ch this committee			
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO O P.O. BOX) ZIP CODE AREA CODE/PHONE	7.	officeholder(s) or candidate(s) for which	Ch this committee	is primarily form	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO	7.	officeholder(s) or candidate(s) for which	E OFFICE SO	is primarily form	SUPPORT OPPOSE SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO O P.O. BOX) ZIP CODE AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR CANDIDATION NAME OF OFFICEHOLDER OR CANDIDATION NAME OF OFFICEHOLDER OR CANDIDATION	E OFFICE SO E OFFICE SO E OFFICE SO	is primarily form	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT SUPPORT	
COMMITTEE ADDRESS STREET ADDRESS (N CITY STATE COMMITTEE NAME	YES NO IO P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	7.	NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	E OFFICE SO E OFFICE SO E OFFICE SO	is primarily form UGHT OR HELD UGHT OR HELD UGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink..

Amounts may be rounded to whole dollars.

NAME OF FILER David G. Weaver 930080 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE General Elections 30721.67 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received Schedule B. Line 3 6913.67 30721.67 20. Contributions Received 0.00 1000.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 6913.67 31721.67 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ 3101.36 27490.56 Candidates 0.00 0.00 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 3101.36 27490.56 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 2000.00 2000.00 9. Accrued Expenses (Unpaid Bills)schedule F, Line 3 Date of Election Total to Date 0.00 0.00 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 5101.36 29490.56 Current Cash Statement -368.2612. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 6913.67 13. Cash Receipts Column A, Line 3 above amounts in Column A to the corresponding amounts 889.41 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. 3101.36 report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative 4333.46 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ _ figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 0.00. for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 18. Cash Equivalents See instructions on reverse \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ ____ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Monetary Contributions Received			whole dollars.	Statement cov from 3/20	ers period /2011	california 460		
	ONS ON REVERSE			through6/3	0/2011	Page_	of	19
NAME OF FILER David G. \	Weaver					1.D. NUI 93008		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELI TO D (IF REQ	ATE
3/21/2011	Norma Smallbone La Crescenta, CA 91214	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00		***	
3/23/2011	California Paper Bag, Inc Glendale, CA 91201	□IND □COM ☑OTH □PTY □SCC		300.00	300.00			
3/23/2011	Raul & Anahyli Porto Glendale, CA 91208	DIND COM OTH PTY SCC	Owners Portos Bakery	700.00	700.00			
3/23/2011	CREPAC Los Angeles, CA 90020	☐IND ☐COM ☐OTH ☐PTY ØSCC		666.67	666.	67		
3/28/2011	Edward Hagobian & Associates Inc Glendale, CA 91205	□IND □COM POTH □PTY □SCC		100.00	100.	00		
			SUBTOTAL \$	1866.67				
1. Amount re	A Summary cerived this period – itemized monetary contributions.	••••••	\$	6266.67	IND-		-	
	ceived this period – unitemized monetary contributions	s of less than \$	\$100\$	647.00	OTH:		e.g., busine	
Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.))TOTAL \$	6913.67		-Small Co	ontributor Co	ommittee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from.

3/20/2011

		1			0/2011 Pa	age 5 of 19
David G. W	leaver				ļ.	D. NUMBER 30080
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR-	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31	TODATE
3/28/2011	Karabetian Import & Export Inc Los Angeles, CA 90039	□IND □COM ØOTH □PTY □SCC		300.00	300.00	
3/28/2011	Shirley Ann Hill & Joyce L Briscoe Glendale, CA 91205	☑IND □COM □OTH □PTY □SCC	Realtor ReMax Elite	100.00	100.00	
3/28/2011	Brian A Malone Burbank, CA 91505	DIND COM OTH PTY Scc	Realtor Dilbeck GMAC Real Estate	100.00	100.00	
3/28/2011	Arthur & Paula Devine Glendale, CA 91207	☑IND □COM □OTH □PTY □SCC	Retired	300.00	300.00	
3/28/2011	Ja & Diana McZeal La Crescenta, CA 91214	☑IND □COM □OTH □PTY □SCC	Teacher BUSD	100.00	100.00	
			SUBTOTAL	900.00		

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from.

3/20/2011

NAME OF FILER David G. W	reaver	through 6/30	0/2011	Page 6 of 19 I.D. NUMBER 930080			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
3/28/2011	Ida Aghajanian Glendale, CA 91204	☑IND □COM □OTH □PTY □SCC	Manager Arcadia Transit	500.00	500.00		
3/28/2011	Jasmik & Edik Mardirossian Glendale, CA 91208	☑IND □COM □OTH □PTY □SCC	Homemaker	500.00	500.00		
3/28/2011	Foster S Dennis Glendale, CA 91206	☑IND □COM □OTH □PTY □SCC	President Cal Paving & Grading, Inc	600.00	600.00		
3/28/2011	Chris Cragnotti Glendale, CA 91207	☑IND □COM □OTH □PTY □SCC	Reattor G&C Properties	150.00	150.00		
3/30/2011	Tammi Ann & Craig Alan Relyea Glendale, CA 91202	☑IND □COM □OTH □PTY □SCC	Housewife	150.00	150.	00	
		-	SUBTOTAL	\$ 1900.00		多問題	

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink. Amounts may be rounded SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement cov	ers period /2011	california 460 form		
				through 6/3	0/2011	Page.	7 of 19	
David G. W	Veaver					I.D. NU 9300	IMBER 80	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)	
4/04/2011	Gary & Suzanne Bunkofske Glendale, CA 91207	☑IND □COM □OTH □PTY □SCC	Self-employed United Metal Fabricators	100.00				
4/04/2011	Capricorn Investment Group LLC Palo Alto, CA 94301	□IND □COM ØOTH □PTY □SCC		1000.00	1000	.00		
4/13/2011	Alfred & Myrna Shanfeld Encino, CA 91436	ØIND □COM □OTH □PTY □SCC	Self-employed Realtor Alfred Shanfeld	200.00	200	.00		
4/19/2011	California Fire Protection Sprinkler Co, Inc Glendale, CA 91204	□IND □COM ☑OTH □PTY □SCC		300.00	300	.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ 1600.00		大脚彈		

*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

Schedule B – Part 1		Type or print in ink.					SCHEDULE B - PART		
Loans Received	Amo	ounts may be re to whole dolla			Statement coverage 3/20	/2011	CALIFORN FORM	^{IA} 460	
SEE INSTRUCTIONS ON REVERSE					through6/3	0/2011	88888	of	
NAME OF FILER							I.D. NUMBER		
David G. Weaver							930080		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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 PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTION TO DATE	
	·			PAID				CALENDAR YEAR	
			l I	s	_ \$	RATE %	s	\$	
				FORGIVEN		SAIE		PERELECTION*	
† ND COM OTH PTY SCC		\$	s	5	DATE DUE	\$	DATE INCURRED	\$	
				PAID				CALENDAR YEAR	
				\$	_ 5	%	s	s	
				FORGIVEN		RATE		PERELECTION	
†□IND □COM □OTH □PTY □SCC		\$	s	\$	DATE DUE	s	DATE INCURRED	\$	
		<u> </u>		[] PAID				CALENDAR YEAR	
				FORGIVEN	7	RATE	•	PER ELECTION*	
TO IND COM OTH PTY SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	5	
		SUBTOTALS S	;	\$	\$	\$			
Schedule B Summary						(Enter (e) on Schedule E, Line		editor and Alexander 1 miles	
Loans received this period				•	0.00	•	•		
(Total Column (b) plus unitemized loans	s of less than \$100.)	****************					†Contributor Codes		
	•				0.00	1	IND Individual	ı	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that 	paid or forgiven.)		***************************************	\$	0.00		OTH - Other (e.g.,	PTY or SCC) business entity)	
3. Net change this period. (Subtract Line	2 from Line 4 \	•		AUCT A	0.00		PTY - Political Party SCC - Small Contrib		
Enter the net here and on the Summary	Page, Column A, Line 2.		***************************************	и⊏і ֆ	(May be a negative number)	(

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

** If required,

Schedule B – Part 2 Loan Guarantors		Type or print in ink. Amounts may be rounded to whole dollars.		Statem	ent covers period 3/20/2011	CALIFOR	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through _	6/30/2011	Page9	of19		
NAME OF FILER David G. Weaver						1.D. NUMBER 930080			
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE		
	□IND		LÉNDER			CALENDAR YEAR			
	□отн □рту		DATE			PER ELECTION (IF REQUIRED)			
	□scc					s			
	□IND		LENDER			CALENDAR YEAR	,,		
	□COM □OTH □PTY		DATE			PER ELECTION (IF REQUIRED)			
	□scc		•			\$			
	☐cow		LENDER			\$PER ELECTION			
	□OTH □PTY □scc	4.	DATE			(IF REQUIRED)			
	□IND		LENDER			CALENDAR YEAR			
	□сом □отн □рту		DATE	<u>, , , , , , , , , , , , , , , , , , , </u>		PER ELECTION (IF REQUIRED)			
	□scc								

Enteron Summary Page, Line 17 only.

0.00

SUBTOTAL \$

Schedule C **Nonmonetary Contributions Received**

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

SCHEDULE C Statement covers period CALIFORNIA 3/20/2011 **FORM** from. 6/30/2011 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER . David G. Weaver 930080

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
Attach additio	onal information on appropriately label	ed continuati	on sheets.	SUBTOTAL \$	0.00		

Schedule C Summary

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	0.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	

*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

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) Schedule D SCHEDULED **Summary of Expenditures** Type or print in ink. Statement covers period **CALIFORNIA** Amounts may be rounded **Supporting/Opposing Other** to whole dollars. 3/20/2011 **FORM** from Candidates, Measures and Committees 6/30/2011 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER David G. Weaver 930080 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE DESCRIPTION TYPE OF PAYMENT **AMOUNT THIS** CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE Monetary Contribution □ Nonmonetary Contribution ☐ Independent ☐ Support Oppose Expenditure Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support Oppose Monetary Contribution ☐ Nonmonetary Contribution Independent Expenditure Support □ Oppose SUBTOTAL \$ 0.00 Schedule D Summary 0.00

2. Unitemized contributions and independent expenditures made this period of under \$100\$

0.00

Schedule D (Continuation Sheet) Type or print in ink. SCHEDULED (CONT.) **Summary of Expenditures** Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. **Supporting/Opposing Other** FORM 3/20/2011 from Candidates, Measures and Committees 6/30/2011 through. NAME OF FILER I.D. NUMBER David G. Weaver 930080 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE DESCRIPTION TYPE OF PAYMENT **AMOUNT THIS** CALENDAR YEAR TODATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC, 31) (IF REQUIRED) OR COMMITTEE Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support Oppose Contribution □ Nonmonetary Contribution Independent Expenditure ☐ Support □ Oppose Monetary Contribution □ Nonmonetary Contribution ☐ Independent ☐ Support □ Oppose Expenditure ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support ☐ Oppose SUBTOTAL \$ 0.00

Schedule E Payments Made	A			ments Made Amounts may be rounded to whole dollars. Amounts may be rounded from				•	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE				through _	6/30/2011	Page	13 of 19			
NAME OF FILER David G. Weaver						1.D. NUM 930080				
CODES: If one of the following codes accurately describes campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member common meetings and office expen petition circul PHO phone banks POL polling and s postage, deli	munications d appearance ses lating survey researd very and mes	· s	RAD radio RFD return SAL camp TEL t.v. of TRC candi TRS staff/r TSF trans VOT voter	pe the payment. airtime and production aed contributions aign workers' salaries cable airtime and prod date travel, lodging, and spouse travel, lodging, for between committees registration nation technology costs	luction costs I meals and meals s of the san	ne candidate/sponsor			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE (DR DES	CRIPTION OF PA	YMENT		AMOUNT PAID			
Political Data Inc Burbank, CA 91507		LIT	Campaign mailin	g informatio	n		372.44			
C&M Printing Copying Mailing Glendale, CA 91222		LIT	Flyers				864.39			
Crescenta Valey Weekly La Crescenta, CA 91214		PRT	Newspaper Ad				750.00			
* Payments that are contributions or independent expenditures n	nust also be summ	arized on S	chedule D.		SÚ	BTOTAL\$	1986.83			
Schedule E Summary							· · · · · · · · · · · · · · · · · · ·			
1. Itemized payments made this period. (Include all Schedule	E subtotals.)	***************************************				\$	3033.36			
2. Unitemized payments made this period of under \$100	• • • • • • • • • • • • • • • • • • • •		*****************************	•••••		\$	68.00			
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Column (e).)		4811500001111111111111111111111111111111	\$	0.00			

Schedule	E		
(Continua	ation	Sheet)
Paymente	: Ma	da	

Schedule E			SCHEDULE E (CONT				
(Continuation Sheet) Type or products may			Statement covers period	CALIFO	CALIFORNIA 460 FORM 19 Page 14 of 19		
Payments Made to whole	dollars.		from 3/20/2011				
SEE INSTRUCTIONS ON REVERSE			through 6/30/2011	Page			
NAME OF FILER David G. Weaver				1.D. NUM8 930080	ĒR		
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FND fundralsing events Independent expenditure supporting/opposing others (explain)* MTG meetings office exp office exp petition ci phone ba POL polling an polling an postage, of	ommunications and appearance penses rculating nks d survey resea delivery and me	es	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and procured candidate travel, lodging, at TRS staff/spouse travel, lodging, as transfer between committee voter registration web information technology cost	n costs duction costs d meals , and meals es of the san	ne candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DES	SCRIPTION OF PAYMENT		AMOUNT PAID		
C&M Printing Copying Mailing Glendale, CA 91222	LIT	Flyers			363.27		
Joselito's Restaurant Montrose, CA 91020	TRS	Dinner for campa	aign committee		518.68		
BJ's Restaurant Glendale, CA 91203	TRS	Council Reorgan	ization and Swearing party		164.58		
•							
* Payments that are contributions or independent expenditures must also be summarized	on Schedule D.		SI	JBTOTAL \$	1046.53		

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in Ink. Amounts may be round to whole dollars,		110m	ers period /2011 0/2011	FO	ORNIA 460 RM 15 19			
SEE INSTRUCTIONS ON REVERSE			through 0/3		Page_	of			
NAME OF FILER David G. Weaver					I.D. NUM 93008				
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CVC candidate filing/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* FND legal defense MTG meetings and appearances OFC office expenses OFC					AD radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same cand voter registration				
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD			
Kelly & Small CPAs, LLP Glendale, CA 91208	PRO	0.00	2000.00		0.00	2000.00			
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00	\$ 2000.00	\$	0.00 \$	2000.00			
Schedule F Summary				·					
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized accrued)	accrued expenses under S	\$100.)		JRRED TOTA	LS \$	2000.00			
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)	payments on accrued exp	enses under \$100.)	n 	PAID TOTA	LS \$	0.00			
Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	ter the difference here and	d		N	ET \$	2000,00			

Schedule F (Continuation Sheet) **Accrued Expenses (Unpaid Bills)**

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

Statement covers period 3/20/2011

CALIFORNIA FORM

6/30/2011 through.

Page __16

SCHEDULE F (CONT.)

I.D. NUMBER 930080

NAME OF FILER

David G. Weaver

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

contribution (explain nonmonetary)*

CVC civic donations

candidate filing/ballot fees FIL

fundraising events

ND independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings

MBR member communications

meetings and appearances

OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services professional services (legal, accounting)

PRT print ads RAD radio airtime and production costs

RFD returned contributions

from

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)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Payme	ichedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)					Statement covers period from 3/20/2011			CALIFORNIA 460			
SEE INSTRU	ICTIONS ON REVERSE LER					<u> </u>	thre	ough	6/30/2011	- Page		19
David (G. Weaver									9300	••••••	
CMP camp CNS camp CTB conti CVC civic FIL canc FND fund ND indep LEG legal LIT camp	If one of the following codes accurately described paign paraphernalia/misc. paign consultants ribution (explain nonmonetary)* Ideate filing/ballot fees fraising events pendent expenditure supporting/opposing others (explain)* I defense paign literature and mailings	MBR MTG OFC PET PHO POL POS PRO PRT	member co meetings a office expe petition circ phone ban polling and postage, d professions print ads	emmunication and appeara enses culating ks I survey res celivery and al services	ns inces earch messe (legal,	er the code.	RAD RFD SAL TEL TRC TRS	radio a returno campa t.v. or candio staff/s transfe voter	scribe the payme airtime and production ed contributions aign workers' salarie cable airtime and produce airtime and produced travel, lodging, a pouse travel, lodging or between committee registration ration technology cos	on costs es roduction cos and meals g, and meals ees of the s	s ame candidat	le/sponsor
* Payment	s that are contributions or independent expenditures must also	be su	mmarized o	n Schedule	D,				<u>, ,</u>			
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE	OR		DESCRIPTIO	N OF PA	YMENT		AMOU	NT PAID
•												

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMC	DUNT PAID
•					
		<u> </u>			·
·,		 			
		1			
		}			
Attach additional information on appropriately labeled continuation shee	ts	<u> </u>		TOTAL* \$	0.00
, populari, indicate constitution onto				IOIAL" \$	0.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*		Amounts m	print in ink. ay be rounded le dollars.	be rounded 3/20/2011				ia 460
SEE INSTRUCTIONS ON REVERSE					through 6/3	30/2011	Page 18	of 19
NAME OF FILER		· · · · · · · · · · · · · · · · · · ·		Į.			I.D. NUMBER	
David G. Weaver							930080	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT (FORGIVENES THIS PERIO	SS CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID				CALENDAR YEAR
				\$ FORGIVEN	_ s	RATE %	\$	\$ PER ELECTION**
		s	s	s	DATE DUE	\$	DATE INCURRED	s
		1		☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	_] s	RATE	s	\$PERELECTION**
		\$	\$	5	DATE DUE	\$	DATE INCURRED	s
*Loans that are contributions to another candid must also be summarized on Schedule D. Loan also be reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
			-	-		(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans	of less than \$100.)	***************	***************************************	***************************************	\$	0.00	- [**If Required
Payments received on loans (Total Column (c) plus unitemized paym	ents of less than \$100.)	······	•		\$	0.00	_	
3. Net change this period. (Subtract Line (Enter the net here and on the Summar	2 from Line 1.)	•••••••		•••••••••••••••••••••••••••••••••••••••	NET \$	0.00 y be a negative number	-	

Schedule I Miscellaneous Increases to Cash		Type or print in ink. Amounts may be rounded State to whole dollars. from			period	CALIFORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through 6/30/20)11	Page 19 of 19
David G. We	paver					1.D. NUMBER 930080
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DE	SCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
5/09/2011	City of Glendale Glendale, CA 91206	F	Refund of filling	fee		889.41
Attach addi	tional information on appropriately labeled continuation sheets.			\$	SUBTOTAL \$	889.41
2. Unitemized 3. Total of all	Summary ncreases to cash this period d increases to cash of under \$100 this period interest received this period on loans made to others. (Sche ellaneous increases to cash this period. (Add Lines 1, 2, and	dule H, Columi	ı (e).)	\$	889.41 0.00 0.00	
Summary	Page, Line 14.)			TOTAL S	889.41	