Recipient Committee					COVERPAGE
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in l		Date Stamp CITY CLERX		LIFORNIA 460 2001/02 FORM
	Statement covers period from 7/01/2011 12/31/2011	Date of election if applicable; (Month, Day, Year) 2012	JAN 31 AN IO	: 45 Page	e of7
SEE INSTRUCTIONS ON REVERSE	through				
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure committee) Controlled) Sponsored <i>iso Complete Part 6)</i> rimarily Formed Candidate/ ifficeholder Committee <i>iso Complete Part 7)</i>	 2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also tile a Form 410 Termination) Amendment (Explain b 	ermination)	Supplement	atement I-Year Report al Preelection Attach Form 495
	NUMBER 130080	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
David G. Weaver	-	David B. Small MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Glendale	CA	91208	
CITY STATE ZIP COL Glendale CA 91208		NAME OF ASSISTANT TREASUR	RER, IF ANY	·	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BC	DX	MAILING ADDRESS			
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS		
4. Verification					<u> </u>

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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 conject.

Executed on	1/27/2012	By Bttl	
Executed on	Date 1/27/2012	Signature of Treasurer	
Executed on	Date 1/27/2012	BySignature of Controlling Child Factors - Sacchard State Measure Proponent or Responsible Officer of Sponsor	
	Date	By Signature of Sentrolling Officeholder, Candidate, State Measure Proponent	
Executed on	Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	FPPC Form 460 (Jan

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

Recipient Committee Campaign Statement Cover Page — Part 2

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Type or print in ink.



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
David G. Weaver
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member, City of Glendale

RESIDENTIAL/BUSINESS ADDRESS	(NO. AND STREET)	CITY	STATE	ZIP
	Gler	idale	CA 91208	

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. NUM	BER
NAME OF TREASURER			
COMMITTEE ADDRESS	STREET ADDRESS (I	NO P.O. BOX)	_ .
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEENAME		LD, NUM	BER
NAME OF TREASURER			
COMMITTEE ADDRESS	STREET ADDRESS (I	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	U SUPPORT

Identify the controlling officeholder, candidate, or state measure proponent, if any,

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

FPPC Form 460 (January/05) FPPC Toli-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

Campaign Disclosure Statement Summary Page		Type or print in ink. nounts may be round to whole dollars.	ded	ſ	Statement covers period from 7/01/2011		CALIFORNIA FORM 46(
SEE INSTRUCTIONS ON REVERSE				t	hrough .	12/31/2011	Page3	óf.	17
NAME OF FILER		· · · · · · · · · · · · · · · · · · ·	·····,	I		···· · · · · · · · · · · · · · · · · ·	I.D. NUMB	ER	
David G. Weaver							930080		
Contributions Received	(FF	COLUMN A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)		Column B Calendar yea Total to date	R	Calendar Year Sun Running in Both th	nmary for (le State Pr	Candid imary a	lates and
1. Monetary Contributions	\$	0.00	\$	3072	1.67	General Elections			
2. Loans Received	• -	0.00	•	(0.00	1/1 (hrough 6/30	7/1 1	to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$_	0.00	s	3072	1.67	20. Contributions			
4. Nonmonetary Contributions Schedule C, Line 3	-	0.00		1000	0.00			\$	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$_	0.00	\$	3172	1.67	21. Expenditures Made \$		\$	
Expenditures Made						Expenditure Limit	Summarv	for Sta	ite
6. Payments Made Schedule E, Line 4	\$_	2895.00	\$	29450	6.15	Candidates	,		
7. Loans Made Schedule H, Line 3	-	0.00			0.00	22. Cumulati			
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$_		\$	29456		22. Cumulativ (If Subject to	Voluntary Expendicu		
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	-	-2000.00			0.00	Date of Election		Total t	to Da
10. Nonmonetary Adjustment Schedule C, Line 3	-	0.00			0.00	(mm/dd/yy)			
11. TOTAL EXPENDITURES MADE	\$_	895.00	\$	29456	<u>5.15</u>		\$_		
Current Cash Statement		1000 10				/	_ \$_		
12. Beginning Cash Balance Previous Summary Page, Line 16	` \$		To	alculate Column	B, add				
13. Cash Receipts Column A, Line 3 above	-	0.00		ounts in Column A responding amou		***			
14. Miscellaneous Increases to Cash Schedule I, Line 4	-	0.00	fron	n Column B of yo	ur last	*Amounts in this section n reported in Column B.	tay be differer	it from an	moun
15. Cash Payments Column A, Line 8 above	-	2895.00	Col	ort. Some amour umn A may be ne	gative	•			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$_	1438.46	figu	res that should b tracted from pre-	e				
If this is a termination statement, Line 16 must be zero.			per	od amounts. If ti	nis is				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$_	0.00	for	first report being this calendar yea by over the amou	r, only				
Cash Equivalents and Outstanding Debts			fror	n Lines 2, 7, and					
· · · · · · · · · · · · · · · · · · ·	s	0.00	any	7-					
18. Cash Equivalents See instructions on reverse	¥ -								

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Schedule A Monetary Contributions Received		Amount	or print in ink. s may be rounded whole dollars.		/2011	CALIFORNIA 460		
	DNS ON REVERSE			through12/	31/2011	Page _	4of7	
NAME OF FILER	Weaver				···	1.D. NUM 93008		
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC					<u> </u>	
		IND COM OTH PTY SCC						
			SUBTOTAL	;				
1. Amount rea	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		·····.\$	0.00	IND-		t Committee	
	ceived this period – unitemized monetary contributions			0.00	OTH	- Other (e	an PTY or SCC) .g., business entity)	
3. Total mone (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colur	nn A, Line 1.)		0.00			ariy ntributor Committee	

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may be rounded to whole dollars.					HEDULE A (CONT.) RNIA 460 5 of7 R
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OFBUSINESS)	Amount Received This Period	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
- <u></u>							
		□IND □COM □OTH □PTY □SCC					
	•		SUBTOTALS	0.00			

*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

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

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.	-	Type or print in i	ink	SCHEDULE B-PAR					
Schedule B – Part 1 Loans Received	Атс	Statement co	vers period 1/2011	CALIFORNIA 460					
					from	1/2011	FORM		
SEE INSTRUCTIONS ON REVERSE					through12	/31/2011	Page 6	of17	
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 (FSEL-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(°) AMOUNT PA OR FORGIVE THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE	
		_		PAID				CALENDAR YEAR	
				S FORGIVEN	_ \$	RATE	\$	\$ PER ELECTION**	
[†] ⊡ IND □ СОМ □ ОТН □ РТУ □ SCC		\$	\$	\$	- DATE DUE	s	DATE INCURRED	5	
······································						-		CALENDAR YEAR	
				s	\$	%	s	s	
						RATE		PER ELECTION **	
		\$	\$	s	DATE DUE	s	DATE INCURRED	\$	
								CALENDAR YEAR	
				\$	\$	RATE	\$	s	
						KATE		PER ELECTION**	
		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
	-	SUBTOTALS \$	0.00 \$	5 0.0	0 \$ 0.00	\$ 0.00			
Schedule B Summary	•		·			(Enter (e) on Schedule E, Line 3)			
1. Loans received this period				\$	0.00				
(Total Column (b) plus unitemized loans	of less than \$100.)			······•• —		- . (†(Contributor Codes)	
 Loans paid or forgiven this period					0.00		ID — Individual OM — Recipient Co		
(Include loans paid by a third party that		lule A.)					(other than) TH – Other (e.g., TY – Political Party		
3. Net change this period. (Subtract Line Enter the net here and on the Summary	2 from Line 1.)			NET \$	0.00 (May be a negative number)		CC-Small Contrit		
*Amounts forgiven or paid by another party also n ** If required.)					FPPC Form	460 (January/05)	

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

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Schedule B – Part 2		These on evicting late				SC	HEDULE B-PART 2	
Loan Guarantors		Type or print în ink. Amounts may be rounded to whole dollars.			Statement covers period from7/01/2011		CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE				through .	12/31/2011	Page7	of17	
NAME OF FILER						I.D. NUMBER	R	
David G. Weaver						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	
			LENDER			CALENDAR YEAR		
	□сом					s		
	□отн		DATE			PERELECTION		
						(IF REQUIRED)		
	□scc					\$		
			LENDER			CALENDAR YEAR		
	□сом					s		
	□отн		·			PERELECTION		
			DATE			(IF REQUIRED)		
			·					
······································						\$		
						CALENDAR YEAR		
			LENDER					
	□сом					\$		
	□отн		DATE			PER ELECTION (IF REQUIRED)		
	□scc					s		
			LENDER			CALENDAR YEAR		
	□сом					5		
	 ОТН		DATE			PERELECTION		
						(IF REQUIRED)		
	□scc		·····			\$		
					0.00	Enteron Summary Page,		
	·		SU	BTOTAL \$	0.00	Line 17 only.		

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

Schedule	с		Type or print in ink.						SCHEDUI	ÉC
Nonmone	tary Contributions Received		Amounts may be rounded to whole dollars.		fron	Statement covers p 7/01/201		CALIF FO		
SEE INSTRUCTIO	NS ON REVERSE				thro	ugh12/31/2	011	Page	8 of	
NAME OF FILER			·					I.D. NUME	ER	-
David G. W	feaver							930080	ł	
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	DA CALEND	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC								
-		□IND □COM □OTH □PTY □SCC							· · · · · · · · · · · · · · · · · · ·	
Attach additi	ional information on appropriately labe	led continuati	on sheets.	. SUBTO	TAL \$	0.00				2 2
1. Amount rec	C Summary ceived this period – itemized nonmonetary Schedule C subtotals.)	/ contributions				0.00	IND-	tributor Cod Individual	les Committee	<u> </u>

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1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	0.00	IND – Individual COM – Recipient Committee
2. Amount received this period unitemized nonmonetary contributions of less than \$100	0.00	(other than PTY or SCC) OTH – Other (e.g., business entity)
 Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	0.00	PTY – Political Party SCC – Small Contributor Committee

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

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Immary of Expenditures Ipporting/Opposing Other Indidates, Measures and Committees		oposing Other Amounts may be rounded to whole dollars.			s period	CALIFORNIA FORM 460	
	NS ON REVERSE			through12/31	/2011	Page 9 of	
OF FILER	/eaver		· · · ·			1.D. NUM 930080	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - D	R YEAR	PER ELECT TO DATE (IF REQUIRE
		Monetary Contribution					
	Support Oppose	Independent Expenditure					
		Monetary Contribution					
	Support Dppose	Expenditure					
		Monetary Contribution					
	Support Oppose	Expenditure					
			SUBTOTAL S	0.00			
edule I	D Summary						
	ontributions and independent expenditures made	this period. (Include all	Schedule D subtotals.)			\$	0.
nitemized	d contributions and independent expenditures ma	de this period of under	\$100			\$	0.
	butions and independent expenditures made this						0.

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

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Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or prin Amounts may i to whole d	/ be rounded Statement covers period				SCHEDULE D (CONT. CALIFORNIA FORM 460 Page 10 of 17 I.D. NUMBER		
David G. Wea	aver					930080			
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVI CALENDA (JAN. 1-D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)		
	Support Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
	Support Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
	Support Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
	Support Dppose	Monetary Contribution							
			SUBTOTAL	\$ 0.00					

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Schedule E Payments Made	Type or prin Amounts may t to whole d	e rounded		Stateme	nt covers period 7/01/2011	CALIFORNIA FORM 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER David G. Weaver				through _	12/31/2011	Page <u>11</u> of of I.D. NUMBER 930080	17	
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)*	MBRmember comMTGmeetings andOFCoffice expenPETpetition circuPHOphone banksPOLpolling and sPOSpostage, deli	munications d appearance ses lating survey researd ivery and mes	3	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transf VOT voter	airtime and production ed contributions algn workers' salaries cable airtime and prod date travel, lodging, and pouse travel, lodging, a	uction costs I meals and meals s of the same candidate	e/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE C	R I	DESCRIPTION OF PA	YMENT	AMOUN	TPAID	
Kelly & Small CPAs LLP Glendale, CA 91208		PRO	Professional S	Services		2	300.00	
Scott Howard's Retirement Dinner		TRS	Meals				150.00	
Keily & Small CPAs LLP		PRO	Professional S	Services			325.00	

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Glendale, CA 91208

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

SUBTOTAL\$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$	2775.00
2. Unitemized payments made this period of under \$100 \$	120.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	2895.00

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

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Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER David G. Weaver CODES: If one of the following codes accurately describes	Type or print Amounts may b to whole do	e rounded bliars.		from through.	ment covers period 7/01/2011 12/31/2011	CALIFO FOR Page I.D. NUME 930080	12 of 17
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events ND Independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member.com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ises lating survey reseau ivery and me	95	RAD rad RFD ret SAL ca TEL t.v. TRC ca TRS sta TSF tra VOT vOT	SCRIDE THE payment lio airtime and productio urned contributions mpaign workers' salarie , or cable airtime and pro- ndidate travel, lodging, a aff/spouse travel, lodging, nsfer batween committe ter registration ormation technology cos	n costs s oduction cost nd meals , and meals es of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also	be summarized on	Schedule D.			SI	JBTOTAL \$	0.00

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Schedule F Accrued Expenses (Unpaid Bills)	Enses (Unpaid Bills) Type or print in ink. Amounts may be rounded to whole dollars.			vers period CA	ALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE			through12/	31/2011 Pr	age <u>13</u> of <u>17</u>
NAME OF FILER		· · · · -	 - 1-		NUMBER
David G. Weaver					0080
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FiL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	es the payment, you may MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services (PRT print ads	ns nces earch messenger services	RAD radio airtime RFD returned coni SAL campaign wo TEL t.v. or cable a TRC candidate trav TRS staff/spouse f TSF transfer betw VOT voter registra	and production costs tributions airtime and production vel, lodging, and meals travel, lodging, and me een committees of the	s eals e same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(5) 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	2000.00	0.00	2000.0	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	2000.00	\$ 0.00	\$ 2000.00) \$ 0.00
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a	chedule F, Column (b) su	btotals for	INC	JRRED TOTALS	s 0.00
2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	edule F, Column (c) subtot	als for payments o	n		
3. Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	for the difference have and				

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Schedule F	Type or print in ink,		SCHEDULE F (CONT						
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from7/01/2011	CALIFORNIA FORM 460						
		through12/31/2011	Page <u>14</u> of <u>17</u>						
NAME OF FILER			I.D. NUMBER						
David G. Weaver			930080						
CODES: If one of the following codes accurately	describes the payment, you may enter the co	de. Otherwise, describe the paymen	it.						
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	costs						
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions							
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries							
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and pro	duction costs						

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

- ----

PHO phone banks

PRT print ads

POL polling and survey research

- FIL candidate filing/ballot fees
- FND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings

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

- 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)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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

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

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 7/01/2011	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through12/31/2011	Page <u>15</u> of <u>17</u>
David G. Weaver			LD. NUMBER 930080
CODES: If one of the following codes accurately descr		•••	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MBR member communications. MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production of returned contributions RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a TSF transfer between committees VOT voter registration WEB information technology costs (iction costs meals nd meals of the same candidate/sponsor
* Payments that are contributions or independent expenditures must	also be summarized on Schedule D.		

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	 AMOUNT PAID
	•			
·				
	•			

Attach additional information on appropriately labeled continuation sheets.

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TOTAL* \$ 0.00

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* 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.

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				_			_	SCHEDULE H
Schedule H Type or print i			print in ink. ay be rounded	Statement covers period			CALIFORNIA 460	
Loans Made to Others*	bans Made to Others* to whole dollars.				from7/0*	/2011	FORM 400	
						31/2011	16	17
SEE INSTRUCTIONS ON REVERSE					through		Page	of
David G. Weaver							930080	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT C FORGIVENES	S CLOSE OF THIS	(=) INTEREST RECEIVED	(1) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE
		PERIOD			PERIOD		LUAN	
								CALENDAR YEAR
				5	- \$	RATE %	\$	PERELECTION**
		3	\$ <u> </u>	.2	DATE DUE	\$	DATE INCURRED	\$
								CALENDAR YEAR
]	s	_ s	%	\$	s
						RATE		PER ELECTION**
		\$	\$	s		\$	<u> </u>	s
	·····		•		DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must								
also be reported on Schedule E.	iorgiven must	SUBTOTALS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
	•	······································		•	<u></u>	(Enter (e) on Schedule I, Line 3)	Contract of the second s	unnennen heiten och som som
Schedule H Summary								
-					¢	0.00		
1. Loans made this period						-	**If Required	
2. Payments received on loans								J
3. Net change this period. (Subtract Line 2 from Line 1.)								
3. Net change this period. (Subtract Line) (Enter the net here and on the Summary	ZTROM LINE 1.)		********	•••••••	NET \$	y be a negative number)	-	

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Schedule I		Type or print in ink.		SCHEDULE				
Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.			t covers period	CALIFORNIA 160		
				from		FORM 400		
				through	12/31/2011	Page 17 of 17		
NAME OF FILER				· · · · · · · · · · · · · · · · · · ·	I.D. NUMBER			
David G. We	eaver					930080		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE {IF COMMITTEE, ALSO ENTER I.D. NUMBER}	DE	SCRIPTION OF REC	EIPT	AMOUNT OF INCREASE TO CASH			
	· · -							
						· ·		
		1						
<u></u>			,					
	· ·							
					-			
Attach addi	tional information on appropriately labeled continuation sheets.		<u> </u>		SUBTOTAL S	0.00		
Schedule I	Summary	<u> </u>			<u> </u>			
1. Itemized in	creases to cash this period				0.00			
2. Unitemized increases to cash of under \$100 this period.								
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)								
4. Total misce	ellaneous increases to cash this period. (Add Lines 1, 2, and Page, Line 14.)	d 3. Enter he	re and on the					

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