· •	
Officeholder, Candidate, ORIGINAL print in Ink.	COVER PAGE - LONG FO Statement covers period & Date Glamp CALLED PAGE - LONG FO
Campaign Statement – Long Form	from 1 5 an 9 8 1 2 CALIFORNIA 49
Government Code Sections 84200-84216.5) EE INSTRUCTIONS ON REVERSE	through 30 Jun 98 W B Page of 3
theck one of the following boxes to indicate the type of statement being filed: Pre-election Statement Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.) Special Odd-Year Campaign Report Semi-annual Statement Termination Statement (Attach a completed Form 415 to this statement.)	Date of election if applicable: (Month, Day, Year) For Official Use Only
Officeholder, Candidate, and Controlled Committee Included in this Statement NAME OF OFFICEHOLDER OF CANDIDATE	Il Other Committees Not Included in this Statement: List any of committees not included in this consolidated statement that are controlled by you and an committees of which you have knowledge that are primarily formed to receive contribution or to make expenditures on behalf of your candidacy.
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	COMMITTEE NAME ID NUMBER
RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)	NAME OF TREASURER CONTROLLED COMMITTEE?
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	COMMITTEE ADDRESS (NO. AND STREET)
COMMITTEE NAME DE LA COMMITTEE ADDRESS (NO, AND STREET) COMMITTEE ADDRESS (NO, AND STREET) L COMMITTEE ADDRESS (NO, AND STREET)	CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE COMMITTEE NAME 1 D. NUMBER
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE CITY GOOD AREA CODE/DAYTIME PHONE NAME OF TREASURER	NAME OF TREASURER CONTROLLED COMMITTEE? VES NO COMMITTEE ADDRESS (NO. AND STREET)
PERMANENT ADDRESS OF TREASURER	CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	Attach additional information on appropriately labeled continuation sheets.
Executed on 3 1 4 98 At 51 (2) COTY AND STATE An officeholder or candidate who controls a committee must also weaths the committee of the com	the best of my knowledge the information entitined herein and in the attached schedules is true and complete. By
DATE CITY AND STATE	8y
DATE CITY AND STATE	By

Campaign Disciosure Statement Summary Page	Type or print in ink. Amounts may be rounded to whole dollars.	SUMMARY PAG		
		Statement covers period	CALIFORNIA AOC	
			WIRM FORM TON	
SEE INSTRUCTIONS ON REVERSE		through 30 Jun 98	Page 2 of 3	
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE			I.D. NUMBER	
David G. Wegver			930080	
Contributions Received	CONUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COlumn B° TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Columns C TOTAL TO DATE (ADD COLUMNS A - B)	
1. Monetary Contributions Schedule A, Line 3	\$	\$	\$	
2. Loans Received Schedule B, Line 7		7,186	7186	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	5 7,186	\$ 7,186	
4. Non-monetary Contributions				
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	\$	\$ 7,186	\$ 7186	
6. Enforceable Promises (Exclude Leas Guarantees, Line 18 below)				
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6	\$i	\$ 7,186	1,186	
Expenditures Made				
B. Cash Payments (Other than Loans Made) Schedule E, Line 5	\$	\$	\$	
9. Loans Made Schedule H, Line 7				
10. SUBTOTAL CASH PAYMENTS Add Lines 8+9	\$	\$6	\$	
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5				
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11	\$. \$	\$	
Current Cash Statement				
13. Beginning Cash Balance Previous Summary Page, Line 17	1092	* From previous Statement Summary	Page, Column C. However, if	
14. Cash Receipts		this is the first report filed for the cale blank except for Loans Received (Lin	nder veer, Column B should be	
15. Miscellaneous Increases to Cash		(Line 6), Loans Made (Line 9), and Ad	crued Expenses (Line 11).	
16. Cash Payments Column A. Line 10 above				
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 If this is a termination statement, Line 17 must be zero.	S L O 7 2 ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT	Summary for Candidate November Elections	s in Both June and	
18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)	\$	21. Contributions Received\$	ugh 6/30 7/1 to Date	
Cash Equivalents and Outstanding Debts 19. Cash Equivalents	\$	22. Expenditures Made\$		

19. Cash Equivalents See instructions on reverse
20. Outstanding Debts Add Line 2 + Line 11 in Column C above

Schedule B – Part III Annual Report of Outstanding Load	ns Received	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 1 Jan 9 8	CALIFORNIA 490
SEE INSTRUCTIONS ON REVERSE NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED C	OMMITTEE		through 30 vin 96	Page 3 of 3
David (931088			
FULL HAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Erlinda C. Weweres Dav. Dles eure	30 May 97	4,886	4886	٥
Dav Die ewa	Various	4,886	6300	0
		,		
,				
	., ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,			
Attach additional information on appropriatel	y labeled continuation shee	els. TOTAL \$	7186	

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 2.