Recipient Committee Campaign Statement Government Code Sections 84200-84216.5)	Type or print in ink.		U DateStamp	COVER P CALIFORNIA 46	
EE INSTRUCTIONS ON REVERSE	Statement covers period from <u>LJCh 2660</u> through <u>30 J4N 2000</u>	Date of election if applicable: (Month, Day, Year)		I Page	Page of For Official Use Only
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7. Officeholder, Candidate Controlled Committee Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 4.) Officeholder Committee Ballot Measure Committee (Also Complete Part 6.) Primarily Formed General Purpose Committee Ornolled Sponsored Sponsored Broad Based		2. Type of Statement: Pre-election Statement Semi-annual Statement Termination Statement Supplemental Pre-election Amendment (Explain below)			
Committee Information	LD. NUMBER 930080	Treasurer(s)			
	ty Council CODE AREA CODE/PHONE	A a VI d MAILING ADDRESS CITY CITY CITY NAME OF ASSISTANT TREASUR		ZIP CODE	AREA CODE/PHONE
$\frac{CP}{P} \frac{P}{P} P$	66 BOX	MAILING ADDRESS			

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FPPC Form 460 (8/99) For Technical Assistance: 916/322-5560 State of California

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Recipient Committee Campaign Statement Cover Page — Part 2

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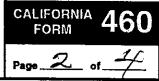
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Type or print in ink.

COVER PAGE - PART 2

SUPPORT

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4. Officeholder or Candidate Controlled Committee

OFFICE SOUGHT OR HELD (IN		STRICT NUMBER IF AF	PLICABLE)
RESIDENTIAL/BUSINESS ADDF	RESS (NO. AND STREET)	СІТҮ	STATE ZIP
not included in this consolid	lated statement that are o	controlled by you or v	which are primaril
not included in this consolid formed to receive contributio	lated statement that are o	controlled by you or v	which are primaril
Related Committees I not included in this consolid formed to receive contributio COMMITTEE NAME	lated statement that are o	controlled by you or v ires on behalf of you 1.D. NUMBER	which are primaril

5. Ballot Measure Committee

NAME OF OFFICEHOLDER OR CANDIDATE

NAME OF BALLOT MEASURE

BALLOT NO, OR LETTER	JURISDICT	ION	U SUPPORT	
Identify the controlling offi	ceholder, cand	idate, or state measure prop	ponent, if any.	
NAME OF OFFICEHOLDER, C.	ANDIDATE, OR PI	ROPONENT		
OFFICE SOUGHT OR HELD		DISTRICT N	KO. IF ANY	
Primarily Formed	Committe	CE List names of officehold d.	der(s) or candidate(s)	
NAME OF OFFICEHOLDER OF	RCANDIDATE	OFFICE SOUGHT OR HEL		
NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HEL		

OFFICE SOUGHT OR HELD

6.

Attach continuation sheets if necessary

7. Verification

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 correct.

Executed on 30 the 2000	By
Executed on 30 July 2000	By
Executed on	By
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on	By
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from / TOSM 2000	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through 30 Tuen 2000	Page 3 of 4
VAME OF FILER			I.D. NUMBER
			930080
Contributions Received	Column A Total this perioo (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE DELOW)	Column C Total to date (Columns A + B)
. Monetary Contributions Schedule A, Line	3 s - 0-		
Loans Received			· · · · · · · · · · · · · · · · · · ·
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 +	· · · · · · · · · · · · · · · · · · ·	•	<u>ــــــــــــــــــــــــــــــــــــ</u>
Nonmonetary Contributions	(3) (···· · · · · · · · · · · · · · · · · ·	•
5. TOTAL CONTRIBUTIONS RECEIVED			
ADD LINES ALCEIVED	4 >_	\$	\$
Expenditures Made			
Payments Made Schedule E, Line	1 5	_ \$	s
Loans Made Schedule H, Line	7		
. SUBTOTAL CASH PAYMENTS Add Lines 6 +	7 5 0	\$	
. Accrued Expenses (Unpaid Bills)		*	<u>ن</u> ن
0. Nonmonetary Adjustment			
1. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 1		\$	\$0
Current Cash Statement	<u></u>		
Beginning Cash Balance Previous Summary Page, Line :	16 \$ 1,592	_ * From previous statement Summary	Page, Column C. However, if th
3. Cash Receipts Column A, Line 3 abor	ve	is the first report filed for the calendar except for Loans Received (Line 2), L	vear, Column B should be blan
4. Miscellaneous Increases to Cash Schedule I, Line		Expenses (Line 9).	
5. Cash Payments	ve / J	<u></u>	·····
6. ENDING CASH BALANCE		Summary for Candidate	s in Both June and
If this is a termination statement, Line 16 must be zero.		November Elections	
7. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b) \$	20. Contributions	ugh 6/30 7/1 to Date
ash Equivalents and Outstanding Debts		21. Expenditures	
8. Cash Equivalents	sø \$	Made \$	<u> </u>
9. Outstanding Debts Add Line 2 + Line 9 in Column C abor	ve S		

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Schedule B – Part 3 Annual Report of Outstanding Loans Received		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA FORM 460
			through 3 Jun 2000	Page of
NAME OF FILER	VAME OF FILER			I.D. NUMBER
FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	930080
				UNPAID INTEREST
Ellinde P. Wever	30May 97	4882	4866	
David G. Weaver	1/anoing	6300	6,300	
	· · · · · · · · · · · · · · · · · · ·			·····
				· ·
	• • • • • • • • • • • • • • • • • • •			
Attach additional information on appropriate	y labeled continuation she	ets. TOTAL \$	11,184	
			NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 2. For Techn	FPPC Form 460 (8/99) nical Assistance: 916/822-5660

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