Type of Recipient Committee: All Committees - Complete Officeholder, Candidate Controlled Committee Ballot Officeholder, Candidate Election Committee Pri Recall Committee (Also Complete Part 5) Signature General Purpose Committee Primation Committee Sponsored Primation Strail Contributor Committee Office	Statement covers period March 20, 2005 Tough June 30, 2005 to Parts 1, 2, 3, and 4. Measure Committee marily Formed introlled bonsored imples Part 6) rily Formed Candidate/ holder Committee implete Part 7) MBER	Ink2007 JAN 29 AM IO: IS Date of election if applicable: (Month, Day, Year) April 5, 2005 2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain be Correct revenue & est Treasurer(s) NAME OF TREASURER Erlinda C. Weaver MAILING ADDRESS	low)	Quarterly Sta Special Odd- Supplemental	For Official Use Only Itement Year Report
E INSTRUCTIONS ON REVERSE the Type of Recipient Committee: All Committees – Complete Officeholder, Candidate Controlled Committee Bailot State Candidate Election Committee Bailot Recall O Complete Part 5) General Purpose Committee Prima Sponsored Prima Small Contributor Committee Office Political Party/Central Committee Office Committee Information 1.0, NU 9300 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) David Weaver for Glendale City Council STREET ADDRESS (NO P.O. BOX) CITY STATE CITY STATE ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	March 20, 2005 ough June 30, 2005 te Parts 1, 2, 3, and 4. Measure Committee marily Formed whole Part 6) rity Formed Candidate/ holder Committee mplete Part 7) MBER	(Month, Day, Year) April 5, 2005 2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain be Correct revenue & est Treasurer(s) NAME OF TREASURER Erlinda C. Weaver	low)	Quarterly Sta Special Odd- Supplemental	For Official Use Only Itement Year Report
Type of Recipient Committee: All Committees - Complete Officeholder, Candidate Controlled Committee Ballot Officeholder, Candidate Election Committee Ballot O State Candidate Election Committee O Pri Recall O Committee (Also Complete Part 8) O State Committee General Purpose Committee O Sinall Contributor Committee Stratl Contributor Committee Office Political Party/Central Committee Office Committee Information 1.0, NU 9300 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) David Weaver for Glendale City Council STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE Glendale CA 91206 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX Office	te Parts 1, 2, 3, and 4. Measure Committee marily Formed introlled bonsored <i>implee Part 0</i>) rity Formed Candidate/ holder Committee <i>implee Part 7</i>) MBER		low)	Special Odd- Supplemental	Year Report I Preelection
Officeholder, Candidate Controlled Committee Ballot State Candidate Election Committee O Pri Recall O Signation Committee O Signation Committee (Also Complete Part 8) O Signation Committee O Signation Committee Sponsored Prima Office Small Contributor Committee Office Office Political Party/Central Committee I.D. NU 9300 Committee Information I.D. NU 9300 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) David Weaver for Glendale City Council STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE CITY STATE ZIP CODE Glendale CA 91206 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX O State	Measure Committee marily Formed introlled population introlled Part 8) rily Formed Candidate/ holder Committee implete Part 7) MBER		low)	Special Odd- Supplemental	Year Report I Preelection
O State Candidate Election Committee O Pri O Recall O Committee (Also Complete Part 5) O Signature O Sponsored O Prime O Small Contributor Committee Office O Political Party/Central Committee Office Committee Information 1.0, NU 9300 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) David Weaver for Glendale City Council STREEL ADDRESS (NO PO, BOX) CITY STATE CITY STATE Glendale CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	marily Formed ontrolled ponsored <i>mplete Part 0</i>) rily Formed Candidate/ holder Committee <i>mplete Part 7</i>) MBER	Semi-annual Statement Termination Statement Amendment (Explain bei Correct revenue & esp Treasurer(s) NAME OF TREASURER Erlinda C. Weaver	low)	Special Odd- Supplemental	Year Report I Preelection
COMMITTEE NAME INFORMATION 9300 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) David Weaver for Glendale City Council STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE Glendale CA 91206 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		NAME OF TREASURER Erlinda C. Weaver		·····	
David Weaver for Glendale City Council STREEL ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE Glendale CA 91206 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		Erlinda C. Weaver		··.	
CITY STATE ZIP CODE Glendale CA 91206 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		•		· ·	<u> </u>
Giendale CA 91206 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	······································	Same	STATE	ZIP CODE	AREA CODE/PHON
Giendale CA 91206 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX			0	1. 0001	
	AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	ER, IF ANY		
CITY STATE ZIP CODE		MAILING ADDRESS		······································	
	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHON
OPTIONAL: FAX / E-MAIL ADDRESS	<u></u>	OPTIONAL: FAX / E-MAIL ADDRE	ESS	<u></u>	
Verification I have used all reasonable diligence in preparing and reviewing the certify under penalty of perjusy-under the laws of the State of Ca Executed on <u>31</u> <u>444</u> <u>3006</u> period	his statement and to the best of a lifornia that the foregoing is true By	ny knowledge the information container and correct.	therein and in the at	ttached achedule	s is true and complete.
Executed on					

By 🕳

Signature of Controlling Officeho	kler, Candidate, St	the Measure Proponent

Executed on Date

Date

Signature of Controlling Officeholder, Candidate, State Measure Proportent

Campaign Disclosure Statement Summary Page	,	Type or print in ink. Amounts may be round to whole dollars.			State	ment covers period Mrach 20, 2005	CALIFORNIA FORM	ку рас 60
SEE INSTRUCTIONS ON REVERSE					through	June 30, 2005	Page of1	12
NAME OF FILER					L		LD. NUMBER	
David Weaver							930080	
Contributions Received		Column A Total THIS PERIOD (FROMATTACHED SCHEDULES)		Columi CALENDAR TOTALTOD	YEAR	Running in Both th	nmary for Candidate to State Primary and	:5 i
1. Monetary Contributions Schedule A, Line 3	\$	5,568	S	4	1,208	General Elections		
2. Loans Received	•	-6,686	•		6,686	1/1 1	hrough 6/30 7/1 to Da	ate
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	-1,168	S		34522	20. Contributions		
4. Nonmonetary Contributions		6,727	•		6,243	•••••	\$	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	7,854	\$	3	0,765	21. Expenditures Made \$	\$	
Expenditures Made						Expenditure Limit	Summary for State	·
6. Payments Made Schedule E, Line 4	\$	35,368	\$	5	6,849	Candidates	ounnury for oute	
7. Loans Made Schedule H, Line 3		-6,686			6,686			
8. SUBTOTAL CASH PAYMENTS Add Lines 5 + 7	\$	28,682	\$		50163	22. Cumulativ (#Subject to	/e Expenditures Made* (Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0			4,257	Date of Election	Total to Da	ate
10. Nonmonetary Adjustment Schedule C, Line 3		6,727		1	6,243	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	35,409	\$	7	0,663	·/	\$	
Current Cash Statement			Γ			·///	\$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		То	calculate Colu	hbe Bor			
13. Cash Receipts		-1,168	an	nounts in Colun	nn A to the	 ///	\$	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0		mesponding an m Column B of		//	\$	
15. Cash Payments Column A, Line 8 above		28,682		port. Some am plumn A may be				
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	14,137	fig	ures that should	dbe	<i>!</i>	\$	
If this is a termination statement, Line 16 must be zero.			ре	btracted from prior from prior from prior from the bit of the bit	If this is	11	\$	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	for	e first report be this calendar ; rry over the an	year, only	*Since January 1, 2001.	Amounts in this section ma	lav be
Cash Equivalents and Outstanding Debts			fro	m Lines 2, 7, a y).		different from amounts re	ported in Column B.	_,
18. Cash Equivalents	\$	0		37+				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	-2,427				FPPC To	FPPC Form 460 (J II-Free Helpline: 866/ASI	

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Monetary	Contributions Received		is may be rounded whole dollars.	Statement cov from <u>March</u>	ers period 20, 2005		ornia 46
	NS ON REVERSE			throughJune	30, 2005	Page	3 of 12
David Wea	ver					I.D. NUN 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 SUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
17 Apr 05	Vartan Gharpetian Glendale, CA 91204	MIND □COM □OTH □PTY □SCC	Glendale Commercial, Inc. Realtor/developer	\$200	\$	200	
n	Edgar Entertainment, Inc. Glendale, CA 91203		Giggles Sports Club	\$ 250	\$2	250	
12 Apr 05	Henry Astengo Glendale, CA 91207		Retired	\$150	\$	150	
14 Apr 05	Pico Cilonica Medica Latina Los Angeles, CA 90015			\$100	\$	100	,
27 Apr 05	Linda Taylor La Crescenta, CA 91214	COM OTH PTY SCC	Housewife	\$100	\$	100	
			SUBTOTAL	800			
. Amount red (Include all	A Summary ceived this period – contributions of \$100 or more. Schedule A subtotals.) ceived this period – unitemized contributions of less the			5,058 510	IND-COM		nt Committee San PTY or SCC)

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> FPPC Form 460 (June/01) FPPC Toli-Free Helpline: 866/ASK-FPPC

<i>l</i> onetary	A (Continuation Sheet) Contributions Received	Type or prin Amounts may to whole d	be rounded	Statement cover from <u>March</u> through June	CALIFORNIA FORM 46		
AME OF FILER	rer		····			LD. NUM 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 (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)
17 Apr 05	Glendale Commercial, Inc. Glendale, CA 91204	☐IND ☐COM MOTH ☐PTY ☐SCC		\$200	\$	200	Liference and an an an an an an an an an
H	HTO Corporation Glendale, CA 91205			\$100	\$	5100	<u></u>
29 Mar 05	Scott Akerley Simi Valley, CA		Mortgage broker Glen Oaks Realty	\$500	\$	500	
21 Mar 05	California Real Estate PAC Los Angeles, CA 90020	IND COM COM DOTH PTY SCC		\$2,000	\$2,	,000	
17 Apr 05	Hazmik Helene Dervishian Glendale, CA 91207		California Film Commission Permit Coordinator	\$100	\$	100	

*Contributor Codes IND-Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

lonetary	A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole c	be rounded [Statement covers period from March 20, 2005 through June 30, 2005		CALIFORNIA FORM 46	
AME OF FILER	/er					I.D. NUME 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 (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTIO TODATE (IF REQUIRED
14 Apr 05	Crysti Cleaners Glendale, CA 91205			\$200	\$	200	··· <u>, </u>
17 Apr 05	Adora Beall Glendale, CA 91202		Realtor G&C Properties	\$100	\$	5100	
30 Mar 05	Intracorp Los Angeles, LLC Newport Beach, CA 92660			\$250	\$	250	
21 Mar 05	Robert W. Stevenson Glendale, CA 91202		Realtor Stevenson Real Estate Services	\$150	\$	150	
19 May 05	Disney World Services Florida 32830			\$ 250	\$	250	

*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

Nonetary	A (Continuation Sheet) Contributions Received	Type or prin Amounts may to whole d	be rounded		20, 2005	CALIFORNIA FORM 460	
				through June	30, 2005	Page	6 of (2
AME OF FILER	/er					I.D. NUM 93008	
DATE	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 Y (JAN, 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
30 Mar 05	Crescenta Valley Insurance Verdugo City, CA 91046			\$ 200	•	\$200	
17 May05	City of Glendale Glendale, CA 91206			\$107.80	\$10	7.80	
31 Mar 05	Kathleen Haralambos San Marino, CA 91118		Housewife	\$100	\$	\$100	

*Contributor Codes IND-Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toil-Free Helpline: 866/ASK-FPPC

Cobadula D. Danta		Type or print in	ink.	-	··		SCHE	EDULE B-PART 1
Schedule B – Part 1 Loans Received		to whole dollar	ounded		Statement cov	/ers period 20, 2005	CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						30, 2005	Page I.D. NUMBER	of 12
David Weaver							930080	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER 1.0. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(2) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(C) AMOUNT PA OR FORGIVE THIS PERIO	EN. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(1) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
		8,336		PAID S FORGIVEN	0 s <u>1,650</u>	O RATE %	ş <u>8,336</u>	CALENDAR YEAR S PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID S FORGIVEN	_ \$	% Rate	\$	CALENDAR YEAR \$ PER ELECTION **
		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
•		\$	\$	PAID S FORGIVEN S	\$	% Rate	\$	CALENDAR YEAR S PER ELECTION** S
					DATE DUE		DATEINCURRED	
		SUBTOTALS \$; 	6,68	6 \$ 1,650	\$ 0 (Enter (e) on		
Schedule B Summary						Schedule E, Line 3)		
1. Loans received this period (Total Column (b) plus unitemized loans	i less than \$100.)			\$	0		another party	given or paid by also must be
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that 	paid or forgiven.)			\$	6,686		reported on a	
3. Net change this period. (Subtract Line Enter the net here and on the Summary	2 from Line 1.) Page, Column A, Line 2.			NET \$	-6,686 (May be a negative number)	•		
† Contributor Codes IND Individual COM - Recipient Committee (of	ther than PTY or SCC) OTH -	Other PTY-P	olitical Party S	CC – Small Co	ontributor Committee	FPPC To	FPPC For III-Free Helpline	m 460 (June/01) : 866/ASK-FPPC

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Schedul Nonmon	e C etary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers ; fromMarch 20,				
	IONS ON REVERSE				through June 30,	2005 P	age <u>8</u>	of_12	
David \							D. NUMBER 30080		
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 SELFEMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICE		CUMULATIVE DATE CALENDAR Y (JAN 1 - DEC	YEAR (I	ER ELECTION TO DATE F REQUIRED	
17 Apr 05	Glendale Royal Palace Glendale, CA 91204	□IND □COM IZOTH □PTY □SCC		Facility rental, food & drink	\$2,700	\$2,	,700		
31 Mar 05	Vardan Baboudilan Glendale, CA 91205		Realtor Broadway Realtor, Inc.	Newspaper ad	\$4,027	\$4,	,027	<u></u>	
		DIND COM OTH PTY SCC							
		IND COM OTH PTY Scc							
Attach add	litional information on appropriately lab	eled continuati	ion sheets.	SUBTOT	AL\$ 6,727				
1. Amount r (Include a	e C Summary received this period – nonmonetary contrib all Schedule C subtotals.) received this period – unitemized nonmon					IND-Ind COM-R	ecipient Com other than PT ther	nittee Y or SCC)	

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

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Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period fromMarch 20, 2005	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through June 30, 2005	Page 9 of 12
NAME OF FILER			I.D. NUMBER
David Weaver			930080

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphemalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTE	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
FND	fundratsing events	POL,	polling and survey research		staff/spouse travel, lodging, and meals
ND ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services		transfer between committees of the same candidate/sponsor
LEG	legal defense		professional services (legal, accounting)		voter registration
t m	comption literature and mailings		under under		

campaign literature and mailings ш

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PRT print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
AMAC Redondo Beach, CA 90277	LIT				\$134
Times Community News General Mail Delivery Los Angeles, CA 90099	PRT				\$250
Glenoale, CA 91206	OFC				\$ 688.90
* Payments that are contributions or independent expenditur	res must also be summarized on a	Schedule D.		SUBTOTAL \$	1,052.80

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	35,367.80
2. Unitemized payments made this period of under \$100 \$	0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	35,367.73

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

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Schedule E (Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole doilars.			Statement covers period from March 20, 2005	CALIFO	SCHEDULE E (CONT.) FORM 460	
SEE INSTRUCTIONS ON REVERSE			-	through June 30, 2005	Page 1	a of 12	
NAME OF FILER David Weaver					I.D. NUMB 930080		
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/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	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and POS postage, de	munications d appearance ises ilating s survey resear livery and me	S .	erwise, describe the payment RAD radio airtime and productio RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and pri TRC candidate travel, lodging, a TRS staff/spouse travel, lodging transfer between committee VOT voter registration WEB information technology cos	n costs s oduction costs ind meals i, and meals ies of the sam	ne candidate/sponso	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DE	SCRIPTION OF PAYMENT		AMOUNT PAID	
AMAC Redondo Beach, CA 90277		РНО				\$2,750	
AMAC Redondo Beach, CA 90277			Precinct walk list			\$133.25	
LA Times General Mail Facility Los Angeles, CA 90099		PRT		- (<u>1</u>		\$1,320	
LA Times General Mail Facility Los Angeles, CA 90099		PRT				\$134	
LA Times General Mail Facility Los Angeles, CA 90099		PRT		ana an		\$375	
* Payments that are contributions or independent expenditures must also	be summarized on	Schedule D.	I	S	UBTOTAL S	4.712.25	

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER David Weaver	Type or pri Amounts may to whole (be rounded		S from throu	June 30, 2005	CALIFO FOR	11 of 12
CODES: If one of the following codes accurately describe CMP campaign paraphermalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FiL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member co MTG meetings a OFC office exp PET petition circ PHO phone ban POL polling and POS postage, d	mmunication nd appearan enses culating ks survey rese elivery and n	i Ces	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, a staff/spouse travel, lodging transfer between committee	n costs s oduction costs nd meals , and meals es of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
AMAC Redondo Beach, CA 90277		LIT					\$2,550
AMAC Redondo Beach, CA 90277		LIT			·		\$8,100
AMAC Redondo Beach, CA 90277		LIT		, <u>, , , , , , , , , , , , , , , , , , </u>			3,927
AMAC Redondo Beach, CA 90277		LIT					154.08
AMAC Redondo Beach, CA 90277		LIT					7,616.35
* Payments that are contributions or independent expenditures must als	o be summarized o	i n Schedule F			SI	UBTOTAL S	22.347.43

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Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER David Weaver	Type or print in ink. Amounts may be rounded to whole dollars.				S from throu	June 30, 2005	SCHEDULE E (CONT CALIFORNIA FORM 460 Page 1:2 of 12 I.D. NUMBER 930080		
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 Independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	mbr Mtg	member com meetings and office expan petition circul phone banks polling and s	munications d appearan ses lating urvey rese very and m	s ces arch resse	nger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salarier t.v. or cable airtime and pro- candidate travel, lodging, ai staff/spouse travel, lodging transfer between committee	n costs s iduction costs nd meals , and meals es of the sar	ne candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR		DESCRIPTIC	N OF PAYMENT		AMOUNT PAID
Times Community News General Mail Delivery Los Angeles, CA 90099	·		PRT						\$382.25
AMAC Redondo Beach, CA 90277			LIT						\$3,948
Charter Communications Glendale, CA 91201			TEL						\$2,550
Balita Media, Inc. Glendale, CA 91206			PRT			, <u>, , , , , , , , , , , , , , , , , , </u>	n		\$375
									9
* Payments that are contributions or independent expenditures must als	o be su	mmarized on (Schedule C	<u>i</u>).	-:		SI	JBTOTAL \$	7,255.25

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