

CITY CLERK
2007 MAR 22 PM 5:04

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 - 84216.5)

COVER PAGE

CALIFORNIA
FORM

460

Page 1 of 12

A For Official Use Only

Statement covers period

from 01/01/2007

through 02/17/2007

Date of Election if applicable:

(Month, Day, Year)

04/02/2007

Date Stamp

1. Type of Recipient Committee:

- ☒ Officeholder, Candidate Controlled Committee ☐ Ballot Measure Committee
☐ State Candidate Election Committee ☐ Primarily Formed
☐ Recall ☐ Controlled
☐ Sponsored
☐ General Purpose Committee ☐ Primarily Formed Candidate
Officeholder Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

2. Type of Statement:

- ☒ Pre-election Statement ☐ Quarterly Statement
☐ Semi-annual Statement ☐ Special Odd-Year Report
☐ Termination Statement ☐ Supplemental Pre-election
Statement - Attach Form 495
☒ Amendment (Explain below)

Additional contributions information received by
treasurer after report was filed.

3. Committee Information

I.D. NUMBER
930080

COMMITTEE NAME

Committee to elect David Weaver

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
()

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS
() /

Treasurer(s)

NAME OF TREASURER

David Small

MAILING ADDRESS

3529 Ocean View Blvd.

CITY STATE ZIP CODE AREA CODE/PHONE
Glendale CA 91208 (818) 249-9896

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
()

OPTIONAL: FAX/E-MAIL ADDRESS

4. 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 03/22/2007
DATE

Executed on 03/22/2007
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Recipient Committee
Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

David 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 CODE

3529 Ocean View Blvd. Glendale CA 91208

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (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

☐ SUPPORT

☐ OPPOSE

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

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

| | |
|-------------------------|----------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from 01/01/2007 | |
| through 02/17/2007 | |
| Page 3 of 12 | |
| I.D. NUMBER | |
| 930080 | |

NAME OF FILER David Weaver, Committee to elect David Weaver

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 11,534.00 | \$ 11,534.00 |
| 2. Loans Received Schedule B, Line 7 | 0.00 | 1,650.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 11,534.00 | \$ 13,184.00 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 1,567.00 | 1,567.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 13,101.00 | \$ 14,751.00 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|---------------------------------|------------------|-------------|
| 20. Contributions Received | \$ 0 | 0 |
| 21. Expenditures Made | \$ 0 | 0 |

Expenditures Made

| | | |
|---|-------------|-------------|
| 6. Cash Payments Schedule E, Line 4 | \$ 1,525.00 | \$ 1,525.00 |
| 7. Loans Made Schedule H, Line 7 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 1,525.00 | \$ 1,525.00 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 0.00 | 0.00 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 1,567.00 | 1,567.00 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 3,092.00 | \$ 3,092.00 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditure Made* (If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| | |
| | |

Current Cash Statement

| | |
|---|--------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 30,858.63 |
| 13. Cash Receipts Column A, Line 3 above | 11,534.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0.00 |
| 15. Cash Payments Column A, Line 8 above | 1,525.00 |
| 16. ENDING CASH BALANCE Lines 12+13+14, less Line 15 | \$ 40,867.63 |

If this is a Termination Statement, Line 16 must be zero.

| | |
|---|---------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b) | \$ 0.00 |
|---|---------|

Cash Equivalents and Outstanding Debts

| | |
|---|-------------|
| 18. Cash Equivalents | \$ 0.00 |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column C above | \$ 1,650.00 |

*Amounts in this section may be different
from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Statement covers period

from 01/01/2007

through 02/17/2007

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NAME OF FILER David Weaver, Committee to elect David Weaver

I.D. NUMBER

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 DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|--|--------------------------------|---|--|
| 02/17/2007 | Mr. Edward Abounassar 348 West Maple St. Glendale, CA 91204 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | |
| 02/17/2007 | Alen Builders, Inc P.O. Box 3723 Glendale, CA 91221 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 2,500.00 | 2,500.00 | |
| 02/17/2007 | Mr. Antonio Anabo 1442 N. Fircroft Ave Covina, CA 91722 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 200.00 | 200.00 | |
| 02/17/2007 | Joe Ayvazi 301 E. Glenoaks Blvd. No.6 Glendale, CA 91207 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor/Owner Broadway Realtors, Inc. | 500.00 | 500.00 | |
| 02/17/2007 | Mr. Charles Beatty P.O. Box 8188 La Crescenta, CA 91224 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Charles Beatty Realty | 100.00 | 100.00 | |
| SUBTOTAL \$ | | | | 3,400.00 | | |

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 10,475.00
- Amount received this period - unitemized monetary contributions of less than \$100.
..... \$ 1,059.00 ✓
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 11,534.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2007

through 02/17/2007

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NAME OF FILER David Weaver, Committee to elect David Weaver

I.D. NUMBER

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 DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|--------------------------------|---|--|
| 02/17/2007 | Bella Nella Salon & Day Spa Inc. 413 E. Glenoaks Blvd #A Glendale, CA 91207 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 200.00 | 200.00 | |
| 02/12/2007 | Bob's Big Boy 1407 W. Glenoaks Blvd. Glendale, CA 91201 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 02/17/2007 | Mrs. Dana Doyle 1628 Lamego Dr. Glendale, CA 91207 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | |
| 02/17/2007 | Mr. Fred Fiedler 1011 Cortez Drive Glendale, CA 91207 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 200.00 | 200.00 | |
| 02/17/2007 | Ms. Patricia Fiedler 1011 Cortez Dr. Glendale, CA 91207-1805 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | |
| 02/17/2007 | Mr. Peter Fuad 1635 Ard Eevin Glendale, CA 91202 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | |

SUBTOTAL \$ 1,700.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

| | | |
|--------------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2007 | |
| through | 02/17/2007 | |
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NAME OF FILER David Weaver, Committee to elect David Weaver

I.D. NUMBER

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 DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|--|---------------------------------------|
| 02/17/2007 | Ms. Angela Furlong 1554 N. Pacific Ave. Glendale, CA 91202 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | |
| 02/17/2007 | G&S Transit Management, Inc. 7955 San Fernando Road Sun Valley, CA 91352 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 02/17/2007 | Mr. Frank Kortum 1215 N. Louise St. Glendale, CA 91207 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney U.S. Attorney's office | 100.00 | 100.00 | |
| 02/17/2007 | Ms. Mary Kribs 1515 Merrimar Drive Glendale, CA 91202 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Lewis Brisbois | 200.00 | 200.00 | |
| 02/17/2007 | Mr. Joe Kroening 4243 Wiley Ln. La Crescenta, CA 91214 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | General Manager Andy's Transfer and Storage | 200.00 | 200.00 | |
| 02/17/2007 | Dr. Maria Leviste 6150 Paseo La Vista Woodland Hills, CA 91367 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician Maria Delia Leviste MD Inc | 250.00 | 250.00 | |

SUBTOTAL \$ 1,350.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

| | |
|--------------------------------|----------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from <u>01/01/2007</u> | |
| through <u>02/17/2007</u> | |
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NAME OF FILER David Weaver, Committee to elect David Weaver

I.D. NUMBER

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 DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|--|---------------------------------------|
| 02/17/2007 | Mr. Morton Loveman 343 Pioneer Dr., Unit 105 Glendale, CA 91203 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Lecturer | 125.00 | 125.00 | |
| 02/17/2007 | Ms. Lynn MacGowan 3123 Sparr Blvd Glendale, CA 91208 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | secretary Financial DW Voyager Productions | 100.00 | 100.00 | |
| 02/17/2007 | Mr. Mike Maniscalchi 1111 N. Brand Blvd. Glendale, CA 91207 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Broker Stevenson Real Estate Services | 250.00 | 250.00 | |
| 02/17/2007 | Marlene Cagatao, Inc. 9914 Milburn Dr. Los Angeles, CA 91352 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | |
| 02/17/2007 | Ms. Alma Onrubia 1972 Calafia St. Glendale, CA 91208 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CPA Affiliated Home Health Service, Inc | 100.00 | 100.00 | |
| 02/13/2007 | Mr. Kumud Parikh 1998 Calafia St. Glendale, CA 91208 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 500.00 | ✓ 500.00 | |

SUBTOTAL \$ 1,175.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

| | |
|----------------------------|----------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from <u>01/01/2007</u> | |
| through <u>02/17/2007</u> | |
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NAME OF FILER David Weaver, Committee to elect David Weaver

I.D. NUMBER

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 DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|--|-----------------------------|--|---------------------------------------|
| 02/07/2007 | Mr. Mickey Parseghian 1408 Cordova Ave. Glendale, CA 91207 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Mortgage Consultant Countrywide Home Loans | 400.00 | 400.00 | |
| 02/17/2007 | Providence Realty, Inc. 524 N. Maryland Ave., Ste. 6 Glendale, CA 91206 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | |
| 02/17/2007 | Mr. Craig Relyea 839 W. Mountain St. Glendale, CA 91202 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | |
| 02/17/2007 | Mrs. Erica Rowlands 1654 Highland Ave. Glendale, CA 91202 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 200.00 | 200.00 | |
| 02/17/2007 | Mrs. Rizalina Seaver 2986 Oakmont View Dr. Glendale, CA 91208 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | housewife | 100.00 | 100.00 | |
| 02/17/2007 | Mr. David Small 1970 El Arbolita Drive Glendale, CA 91208 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Accountant | 200.00 | 200.00 | |
| SUBTOTAL \$ | | | | 1,100.00 | | |

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

| | | |
|--------------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2007 | |
| through | 02/17/2007 | |
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NAME OF FILER David Weaver, Committee to elect David Weaver

I.D. NUMBER

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 DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------------|---|---|--|--------------------------------|---|--|
| 01/02/2007 02/17/2007 | Herachick Teagle 250 W. Fairview Ave. #208 Glendale, CA 91202 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Head Groomer Arden Animal Hospital | 650.00 600.00 | 1,250.00 | |
| 02/17/2007 | Mr. Reynaldo Tuazon 1334 Gates Place South Pasadena, CA 91030 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired architect | 100.00 | 100.00 | |
| 02/17/2007 | Mr. Ralph Viscuiso 88 W. Colorado Blvd. Pasadena, CA 91105 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | JJ Steak House | 300.00 | 300.00 | |
| 02/17/2007 | Marilyne Wiechmann 1991 Maginn Dr. Glendale, CA 91202-1125 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | housewife | 100.00 | 100.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$ 1,750.00

Schedule B - Part I
Loans Received

SCHEDULE B - Part I

| | | |
|--------------------------------|------------|-----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2007 | |
| through | 02/17/2007 | |
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NAME OF FILER David Weaver, Committee to elect David Weaver

I.D. NUMBER

930080

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (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 RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|--|------------------------------------|--|--|----------------------------------|---|---|
| David Weaver 3529 Ocean View Blvd. Glendale, CA 91208 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | City Council City of Glendale | \$ 1,650 | \$ 0 | <input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0 | \$ 1,650 01/31/2008 DATE DUE | 0.000% RATE \$ 0 | \$ 8,336 12/31/1993 DATE INCURRED | CALENDAR YEAR \$ 0 PER ELECTION \$ 8,336 |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE \$ | \$ DATE INCURRED | CALENDAR YEAR \$ PER ELECTION \$ |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE \$ | \$ DATE INCURRED | CALENDAR YEAR \$ PER ELECTION \$ |

SUBTOTAL \$ 0.00 \$ 0.00 \$ 1,650.00 \$ 0.00

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET** \$ 0.00
Enter the net here and on the Summary Page, Column A, Line 2

Schedule C
Nonmonetary Contributions Received

SCHEDULE C

Statement covers period

from 01/01/2007

through 02/17/2007

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NAME OF FILER David Weaver, Committee to elect David Weaver

I.D. NUMBER

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) | DESCRIPTION OF GOODS OR SERVICES | FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|---------------|---|---|--|--|-------------------|--|---|
| 02/17/2007 | Salvatore F. Gangi 3225 Beaudry Terrace Glendale, CA 91208 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Developer | Catering Services, table rentals, equipment, clean up | 1,567.00 | 1,567.00 | |
| | Salvatore F. Gangi (continued) | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

SUBTOTAL \$ 1,567.00

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.

(Include all Schedule C subtotals.) \$ 1,567.00

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.) **TOTAL \$** 1,567.00

Schedule E
Payments Made

SCHEDULE E

| | | |
|--------------------------------|------------|-----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2007 | |
| through | 02/17/2007 | |
| | | Page <u>12</u> of <u>12</u> |

NAME OF FILER David Weaver, Committee to elect David Weaver

I.D. NUMBER

930080

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

| | | |
|---|---|---|
| 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 production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | | AMOUNT PAID |
|---|--------------------------------|------------------------|-------------|
| | CODE | DESCRIPTION OF PAYMENT | |
| The City of Glendale 613 E. Broadway Glendale, CA 91206 | FIL | | 1,525.00 |
| | | | |
| | | | |
| | | | |

SUBTOTAL \$ 1,525.00

Schedule E Summary

| | | |
|--|----|----------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 1,525.00 |
| 2. Unitemized payments made this period of under \$100. | \$ | 0.00 |
| 3. Total interest paid this period on outstanding 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.) TOTAL | \$ | 1,525.00 |