

CITY CLERK

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COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp

CALIFORNIA FORM 460

Page 1 of 14

For Official Use Only

Statement covers period from 3/18/07 through 6/30/07. Date of election if applicable: 4/02/07

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

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

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment (Explain below)
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

Error in Addition found on Summary Page (page 3 of 14) of Original Report Filed. Line 11 is amended herewith.

3. Committee Information

I.D. NUMBER 930080

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to elect David Weaver

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Glendale CA 91208

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

CITY STATE ZIP CODE AREA CODE/PHONE
Glendale CA 91208

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 is true and correct.

Executed on 1/21/08
Executed on 1/21/08
Executed on
Executed on

By [Signature]
By [Signature]
By [Signature]
By [Signature]

This is supposed to be the regular Weaver 3/18/07-6/30/07 pg(1,14)

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I.D. NUMBER 930080

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to elect David Weaver

STREET ADDRESS (NO P.O. BOX)

3529 Ocean View Blvd.

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

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

This is supposed to be the AMD version

P(1,14)

4. Verification

I have used all reasonable diligence under penalty of perjury under the law to verify the accuracy of the information contained herein and in the attached schedules is true and complete. I certify that the information is true and correct.

Executed on 1/21/08 Date

Executed on 1/21/08 Date

Executed on Date

Executed on Date

To the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify that the information is true and correct.

By Signature of Treasurer or Assistant Treasurer

By 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