Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)



Type or print in ink.

CITY CLERKemp

2009 JUL -9 AM 10: 38

COVER PAGE

ALIFORNIA	460
2001/02	400
FORM	

Date of election if applicable: Statement covers period (Month, Day, Year) 01/01/09

SEE INSTRUCTIONS ON REVERSE		throu	gh 6/30/09	- 4/02/07			For Official Use Only
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. ② Officeholder, Candidate Controlled Committee ③ State Candidate Election Committee ③ Recall (Also Complete Part 5) ③ General Purpose Committee ③ Sponsored ④ Sponsored ⑤ Sponsored ⑤ Sponsored ⑤ Small Contributor Committee ⑤ Officeholder Committee ⑥ Primarily Formed Candidate/ ② Officeholder Committee ⑥ Officeholder Committee		2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	ermination)	Speci	erly Statement al Odd-Year Report lemental Preelection ment - Attach Form 495		
Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect David Weaver STREET ADDRESS (NO P.O. BOX)		Treasurer(s) NAME OF TREASURER David B. Small MAILING ADDRESS CITY	STATE	ZIP CO	DE AREA CODE/PHONE		
CITY Glendale		P CODE 1208	AREA CODE/PHONE	Glendale NAME OF ASSISTANT TREASUR	CA	91208	THE TOTAL TOTAL
MAILING ADDRESS (IF DIFFEREN		P CODE	AREA CODE/PHONE	MAILING ADDRESS	STATE	ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRES	SS			OPTIONAL: FAX / E-MAIL ADDR	RESS		***

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained berein and in the attached schedules is tive 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	7/08/09	
Executed on	Dale	
Executed on	7/08/09	
Executed of	Dete	
Executed on	7/08/09	
EXCODING OIL	Date	
Executed on		
	Dele	

Ву	Supplied To Survey or Philipped Typessurvey
Ву	Signature of Goriffolia's Catocholder, California, State Measure Proponent or Responsible Officer of Sponser
Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Ву	Signature of Controlling Officeholder, Candidate State Measure Proponent

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (855/275-3772) State of California

Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE-PART2
CALIFORNIA FORM	460
Page2	of17

Officeholder or Candidate Controlled Cor	nmittee	6.	Primarily Formed Ballo	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE	1900 to		NAME OF BALLOT MEASURE		,	
David Weaver						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	FRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT
City Council Member, City of Glendale						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) Gler	CITY STATE ZIP		Identify the controlling off	ceholder, car	didate, or state measur	e proponent, if any.
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT	
Related Committees Not Included in this not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O, IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano	didate/Offic	eholder Committee	List names of
	YES NO					
COMMITTEE ADDRESS STREET ADDRESS (NO P.	D. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
CITY STATE Z	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER					☐ OPPOSE
			NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.	D. BOX)			·		U OFFOSE
CITY STATE Z	P CODE AREA CODE/PHONE		Attac	h continuatio	n sheets if necessary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/09 CALIFORNIA 460

6/30/09 3 17

through. SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER David Weaver, Committee to Elect David Weaver 930080 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 0.00 0.00 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B. Line 3 0.00 0.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 0.00 0.00 20. Contributions Received 0.00 0.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 0.00 0.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ Made \$______ \$____ **Expenditures Made** Expenditure Limit Summary for State 6. Payments Made Schedule E, Line 4 \$ _____ 245.00 245.00 Candidates 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ _____ 245.00 245.00 (# Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C. Line 3 245.00 245.00 **Current Cash Statement** 2,797.94 To calculate Column B, add 13. Cash Receipts Column A, Line 3 above amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 245.00 report. Some amounts in Column A may be negative 2,552.94 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ figures that should be subtracted from previous If this is a termination statement. Line 16 must be zero period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00 for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column 8 above \$ ____ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule Monetary	A Contributions Received	Amount	o or print in lnk, is may be rounded whole dollars,	Statement co	california 460			
SEE INSTRUCTION	ONS ON REVERSE		through6	5/30/09	Page .	4	of <u>17</u>	
NAME OF FILER David We	eaver, Committee to Elect David Weaver					1.D. NU 93008		
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 BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	TC	ELECTION DATE EQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	0.00	and the same	(4 · N	aya,	u X
1. Amount re	A Summary eceived this period—itemized monetary contributions. Il Schedule A subtotals.)		\$	0.00	IND-			
2. Amount re	eceived this period - unitemized monetary contributions	s of less than \$	s100 \$	0.00	отн	- Other (e.g., busir	ness entity)

3. Total monetary contributions received this period.

FPPC Form 460 (January/05) FPPC Toil-Free Heipline: 866/ASK-FPPC (866/275-3772)

0.00

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A	(CONT.)
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Monetary Contributions Received		Amounts may to whole o	be rounded lollars.	Statement cover 01/0 from 6/3	CALIFORNIA 460 FORM 5 of 17			
NAME OF FILER David Wea	over, Committee to Elect David Weaver					I.D. NUME 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 BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	R YEAR TODA		ATE
12/31/93	David Weaver Glendale, CA 91208	☑IND □COM □OTH □PTY □SCC	City Council City of Glendale	0.00 0.00		.00		8,336.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL					

*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party

SCC-Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B - Part 1	•	Type or print in	ink.		SCHEDULE B-PART 1					
Loans Received	Amo	ounts may be ro to whole dollar			Statement co	•	CALIFORNIA 460			
LOAIIS NECEIVEU				from01/	01/09	FORM TOU				
SEE INSTRUCTIONS ON REVERSE					through6	/30/09	Page 6	of 17		
NAME OF FILER	, , , , , , , , , , , , , , , , , ,				<u> </u>		I.D. NUMBER			
David Weaver, Committee to Elect David	Weaver						930080			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (FSELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE		
				☐ PAID				CALENDAR YEAR		
				\$ FORGIVEN	_ \$	RATE %	s	SPER ELECTION**		
TO IND COM OTH PTY SCC		\$	\$	s	DATE DUE	s	DATE INCURRED	\$		
				PAID				CALENDAR YEAR		
				\$	_ \$	RATE %	\$	s		
				FORGIVEN		KAIE		PER ELECTION **		
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	s		
				☐ PAID				CALENDAR YEAR		
				\$ FORGIVEN	\$	RATE %	\$	\$PER ELECTION**		
†□ IND □ COM □ OTH □ PTY □ SCC		\$	s	\$	DATE DUE	s	DATE INCURRED	\$		
		SUBTOTALS \$	0.00	\$	\$	\$				
Schedule B Summary						(Enter (e) on Schedule E, Line 3)				
Loans received this period (Total Column (b) plus unitemized loans	of loss than \$100)	***************************************		\$ _	0.00					
Loans paid or forgiven this period	•			\$	0.00	IN	Contributor Codes ID – Individual OM - Register Co			
(Total Column (c) plus loans under \$100 (Include loans paid by a third party that	paid or forgiven.)					0	TH - Other (e.g.,	PTY or SCC) business entity)		
Net change this period. (Subtract Line Enter the net here and on the Summan)	2 from Line 1.)	••••••	******************	NET \$	0.00 (May be a negative number)	S	TY – Political Party CC – Small Contrib	outor Committee		
		`								
*Amounts forgiven or paid by another party also r	nust de reported on Schedule A.	1								

** If required.

SCHEDULE B-PART 1

Ontrodulo D. Bowl 9		There are native to the		SCHEDUL					
Schedule B – Part 2 Loan Guarantors		Type or print in Ink. Amounts may be rounded to whole dollars.			ont covers perio 01/01/09	OMEN ON	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through	6/30/09	Page7	of <u>· 17</u>		
NAME OF FILER				l	 	I.D. NUMBER	· · · · · · · · · · · · · · · · · · ·		
David Weaver, Committee to Elect David V	Veaver					930080			
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IFCOMMITTEE ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE		
	□IND		LENDER			CALENDAR YEAR			
	□сом					s			
	□отн		DATE			PERELECTION			
	□PTY					(IF REQUIRED)			
	□scc					s			
			15,050			CALENDAR YEAR			
	☐ COM		LENDER						
	□ОТН					PER ELECTION			
	□PTY		DATE			(IF REQUIRED)			
	□scc								
		<u> </u>				5			
			15,455			CALENDAR YEAR			
	□сом		LENDER			5			
	⊔то⊓					PER ELECTION (IF REQUIRED)			
	□PTY		DATE			(if REGOINED)			
	□scc					\$			
	□ND		LENDER			CALENDARYEAR			
	□ COM					\$			
	Подн		DATE			PERELECTION			
	□PTY		DATE		;	(IF REQUIRED)			
	□scc			<u>.</u>					

Enleron Summary Page, Line 17 only.

0.00

SUBTOTAL \$

Schedule C **Nonmonetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period **CALIFORNIA** 01/01/09 FORM from 6/30/09 . of__ 17 through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER David Weaver, Committee to Elect David Weaver 930080 **CUMULATIVE TO** IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND AMOUNT/ CONTRIBUTOR PER ELECTION **DESCRIPTION OF** DATE OCCUPATION AND EMPLOYER DATE ZIP CODE OF CONTRIBUTOR FAIR MARKET CODE * TODATE RECEIVED **GOODS OR SERVICES** (IF SELF-EMPLOYED, ENTER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) VALUE (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) ПСОМ HTO □PTY □SCC □сом ПОТН □PTY □SCC MIND □COM ☐OTH □PTY ☐SCC □ COM □OTH □PTY □scc Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 0.00 **Schedule C Summary** *Contributor Codes 1. Amount received this period – itemized nonmonetary contributions. IND-Individual (Include all Schedule C subtotals.)\$ 0.00 COM-Recipient Committee (other than PTY or SCC) 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 0.00 OTH - Other (e.g., business entity) PTY-Political Party

3. Total nonmonetary contributions received this period. 0.00 SCC - Small Contributor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or print in Amounts may be ro to whole dollar	Statement covers	•	CALIF(460		
SEE INSTRUCTIO	ONS ON REVERSE			through6/30	/09	Page 9		17
NAME OF FILER David Wea	ver, Committee to Elect David Weaver					1.D. NUN 930080		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNTTHIS PERIOD	CUMULATIVI CALENDA (JAN. 1 - D	RYEAR	TOE	ECTION DATE JUIRED)
	. Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL	\$ 0.00	Para de la constanta de la con			
	D Summary ontributions and independent expenditures made	this period. (Include all	Schedule D subtotals.)		•••••	\$ _		0.00
	d contributions and independent expenditures ma							0.00
	ributions and independent expenditures made this							0.00

Schedule D (Continuation Sheet) Type or print in ink, SCHEDULE D (CONT.) Summary of Expenditures Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **Supporting/Opposing Other** 01/01/09 **FORM** from Candidates, Measures and Committees 6/30/09 Page 10 of 17 through NAME OF FILER I.D. NUMBER David Weaver, Committee to Elect David Weaver 930080 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE DESCRIPTION TYPE OF PAYMENT **AMOUNT THIS** CALENDAR YEAR MEASURE NUMBER OR LETTER AND JURISDICTION, TO DATE (IF REQUIRED) PERIOD (JAN, 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE ☐ Monetary Contribution Nonmonetary Contribution ☐ Independent Expenditure ☐ Support □ Oppose Contribution □ Nonmonetary Contribution Independent Expenditure ☐ Support Oppose ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent Support Oppose Expenditure ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent ☐ Support ☐ Oppose Expenditure SUBTOTAL \$

0.00

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E	(CONT.)
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Type or print in lnk, Amounts may be rounded to whole dollars. Statement covers period from 01/01/09 through 6/30/09 Type or print in lnk, Amounts may be rounded to whole dollars. Statement covers period from 6/30/09 through 6/30/09 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.				CALIFORNIA 460 FORM 12 of 17 I.D. NUMBER 930080
CMP campaign paraphernalia/misc, CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundralising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member common meetings and office experipetition circul PHO phone banks POL polling and s postage, deli	munications I appearances ses	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TBL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging.	costs duction costs d meats and meats s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	!			
· · · · · · · · · · · · · · · · · · ·				
* Payments that are contributions or independent expenditures must als	so be summarized on S	Schedule D.	su	BTOTAL \$ 0.00

 HEL	LÉ II	_

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE	Type or print in ink. Amounts may be round to whole dollars.	led	from	/30/09	ALIFOR FORM	40U
David Weaver, Committee to Elect David Weaver					D. NUMBER 30080	<u> </u>
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Fit. candidate filling/ballot fees FND fundralsing events independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL poiling and survey res POS postage, delivery and PRO print ads	ns nces earch messenger services	RAD radio airtime RFD returned con SAL campaign wo TEL t.v. or cable a TRC candidate transfer betw VOT voter registra	and production costs tributions orkers' salaries airlime and productio vel, lodging, and mea travel, lodging, and re een committees of t	n costs als meals he same c	,
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON	B/	(d) OUTSTANDING ALANCE AT CLOSE OF THIS PERIOD
 Payments that are contributions or independent expenditures must also be summarized on Schedule D. 	SUBTOTALS	0.00	\$ 0.00	\$ 0.0	00 \$	0.00
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a	chedule F, Column (b) su accrued expenses under S	btotals for	INC	URRED TOTALS	S \$	0.00
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	edule F, Column (c) subto payments on accrued exp	als for payments o	n			0.00
Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	er the difference here and	·	•••••••••••••••••••••••••••••••••••••••	NE1	Г\$. Маў Бе	0.00 a negative number

Schedule F SCHEDULE F (CONT.) Type or print in ink. Amounts may be rounded (Continuation Sheet) Statement covers period **CALIFORNIA** to whole dollars. 01/01/09 **FORM Accrued Expenses (Unpaid Bills)** from. 6/30/09 through Page 14 of 17 NAME OF FILER I.D. NUMBER David Weaver, Committee to Elect 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 paraphernalia/misc. 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 t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals ND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) voter registration VOT campaign literature and mailings ш PRT print ads WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS :	0.00	0.00	0.00	\$ 0.00

Schedule G Payments Made by an Agent or Independent	Type or print in ink. Amounts may be rounded	Staten	ent covers period
Contractor (on Behalf of This Committee)	to whole dollars.	from	01/01/09
SEE INSTRUCTIONS ON REVERSE		through_	6/30/09
NAME OF FILER			

NAME OF AGENT OR INDEPENDENT CONTRACTOR

David Weaver, Committee to Elect David Weaver

	DEC. If one of the following and a second to 1	.,			
GUI	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwis	e, describe the payment.
CMP	campaign paraphemalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	* '	OFC	office expenses	SAL	campaign workers' salaries
CVC	77.77	PET	petition circulating		t.v. or cable airtime and production costs
FIL	· · · · · · · · · · · · · · · · · · ·	PHO	phone banks	TRC	candidate travel, lodging, and meals
		POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
				TSF	transfer between committees of the same candidate/sponsor
LEG	•	PRO	professional services (legal, accounting)		voter registration
ЦT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)
CTB CVC FIL FND IND	contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	OFC PET PHO POL POS PRO	office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)	SAL TEL TRC TRS TSF VOT	campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/spo

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	АМО	UNT PAID
			,		
					 <u></u>
•					
ttach additional information on appropriately labeled continuation sheets		<u> </u>			

additional information on appropriately labeled continuation sheets.

TOTAL* \$

0.00

SCHEDULE G

CALIFORNIA

FORM

I.D. NUMBER

930080

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

								SCHEDULEH
Schedule H Loans Made to Others*	Amounts m	print in ink, nay be rounded de dollars.	i	Statement co	01/09	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through6	/30/09	Page 16	of17
NAME OF FILER							I.D. NUMBER	
David Weaver, Committee to Elect David	d Weaver						930080	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT FORGIVENES THIS PERIO	SS CLOSE OF THIS	(e) INTEREST RECEIVED	(7) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE
		,		☐ PAID				CALENDAR YEAR
				FORGIVEN	_ s	RATE %	\$	\$ PER ELECTION**
		\$	s	s	DATE DUE	\$	DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
				\$	- s	RATE %	\$	\$ PER ELECTION**
		\$	\$ <u></u>	s	DATE DUE	s	DATE INCURRED	\$
*Loans that are contributions to another candid must also be summarized on Schedule D. Loans also be reported on Schedule E.	ate or committee s forgiven must	SUBTOTALS	\$ 0.00	\$ 0.0	0 \$ 0.00	\$ 0.00		
						(Enter (e) on Schedule I, Line 3)	A manage of an investment of the control	AND THE PERSON OF THE PERSON O
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans	of less than \$100.)	******************	***************************************	************	\$	0.00	- [**If Required
Payments received on loans					\$	0.00		
3. Net change this period. (Subtract Line (Enter the net here and on the Summar	2 from Line 1.)y Page, Column A, Line 7.)		•••••		NET \$	0.00 y be a negative number)		

Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE NAME OF FILER David Weaver, Committee to Elect David Weaver		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from	CALIFORNIA 460 FORM 17 of 17 I.D. NUMBER
David Weaver, Commit				930080
RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD, NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
				,
		•		
Attach additional inform	nation on appropriately labeled continuation sheets.		SUBTOTAL \$	0.00
Schedule I Summa	ry			
1. Itemized increases to	o cash this period	***************************************	\$\$	
2. Unitemized increase	s to cash of under \$100 this period	***************************************	\$\$	
	ceived this period on loans made to others. (Scho			
 Total miscellaneous Summary Page, Line 	increases to cash this period. (Add Lines 1, 2, ar	nd 3. Enter here and on the	TOTAL \$ 0.00	