Recipient Committee					COVER PAGE	
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	2010	Dute Stemp AUG -5 AM IO	EA!	FORM 460		
·	Statement covers period from 1/01/10	Date of election if applicable: (Month, Day, Year)		Page	For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	through 6/30/10	4/02/07				
1. Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:				
<ul> <li>State Candidate Election Committee</li> <li>○ Recall (Nso Complete Part 5)</li> <li>□ General Purpose Committee</li> </ul>	☐ Primarily Formed Ballot Measure Committee ☐ Controlled ☐ Sponsored (Also Complete Part 8) ☐ Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ti Armendment (Explain b	ermination)	Quarterly Sta	Year Report	
3. Committee Information	I.D. NUMBER 930080	Treasurer(s)	<del></del>	,		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT		NAME OF TREASURER			<del></del>	
Committee to Elect David Weaver		David B. Small				
		MAILING ADDRESS				
ANOTES ADDRESS MAD BA DOWN						
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
CITY STATE Z	P CODE AREA CODE/PHONE	Gleridale  NAME OF ASSISTANT TREASUR	CA CA	91208		
	1208	NAME OF ASSISTANT TREASON	SER, IF ART			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR I		WAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	<del></del>		
CITY STATE Z	P CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS			
4. Verification						
I have used all reasonable diligence in preparing and revi under penalty of perjury under the laws of the State of Cal	iwing this statement and to the best of my kn fomia that the foregoing isstore and corner	owledge the information contained her	rein and in the attache	d schedules is tru	e and complete. I certify	
7/0 <del>6</del> /10	A	a) — -				
Executed onDate	By	Alfanon and transmission Assistant				
7/06/10		16/1/12 . 11	<b>ZZ</b>			
Executed on	By Signeture of Co	and Spring Organization, Cartificate, State Manager Pro	ponent of Real condition Officer	of 5 ponsor		
7/06/10	Ву			•		
Delta		Signature of Confinding Officeholder, Candidate, St	iale Messure Proponent			
Executed on	Ву					

FPPC Form 460 (January/05)
FPPC Toff-Free Helpline: 866/ASK-FPPC (486/276-3772)
State of California

Type or print in ink.

Recipient Committee Campaign Statement Cover Page --- Part 2

	COVER	PAG	E-PART 2	
CALII FO	FORNIA DRM	4	60	
Baa-	2	-5	17	

	l Committee	6.	Primarily Formed Ball	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
David Weaver				•		•
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	YD DISTRICT NUMBER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTI	ON	SUPPORT
City Council Member, City of Glendale						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	Glendale, CA 91208		Identify the controlling of	liceholder, ca	ndidate, or state measu	re proponent, if a
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT	
Related Committees Not Included in not included in this statement that are controlle contributions or make expenditures on behalf o	d by you or are primarily formed to receive		OFFICE SOUGHT OR HELD	· - <del>-</del>	DISTRICT N	O, IF ANY
COMMITTEENAME	I.D. NUMBER					
		7	Drimarily Cormed Con	والماران والمرادات		
	CONTROLLED COMMITTEE?  YES NO (NO P.O. BOX)	••	Primarily Formed Can officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR	s) for which thi	OFFICE SOUGHT OR HEL	omed.
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS	☐ YES ☐ NO	••	officeholder(s) or candidate(s	s) for which thi	s committee is primarily fo	ormed.
COMMITTEE ADDRESS STREET ADDRESS	☐ YES ☐ NO		officeholder(s) or candidate(s	s) for which thi	s committee is primarily fo	D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)		officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR	a) for which thi CANDIDATE CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE  D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS  CITY STATE  COMMITTEE NAME	(NO P.O. BOX)  ZIP CODE AREA CODE/PHONE  I.O. NUMBER		officeholder(s) or candidate(s	a) for which thi CANDIDATE CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D OPPOSE
COMMITTEE ADDRESS STREET ADDRESS STATE COMMITTEE NAME	(NO P.O. BOX)  ZIP CODE AREA CODE/PHONE		officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR	s) for which thi CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT
COMMITTEE ADDRESS STREET ADDRESS CITY STATE	YES   NO		officeholder(s) or candidate(s)  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	s) for which thi CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE  D SUPPORT OPPOSE  D SUPPORT OPPOSE

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Type or print in ink.

Amounts may be rounded
to whole dollars.

	SUMMARY PAGE
Statement covers period from 1/01/10	CALIFORNIA 460
through6/30/10	Page 3 of 17
	1,D, NUMBER 930080

David Weaver, Committee to Elect David Weaver					930080
Contributions Received		Column A TOTAL THIS PERSON (FROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	-		\$		1/1 through 6/30 7/1 to Date
2. Loans Received Schedule 8, Line 3					20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Unes 1 + 2			\$		Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3					21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4	\$	0.00	- \$	0.00	Made \$\$
Expenditures Made	-				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	285.00	\$	285.00	Candidates
7. Loans Made Schedule H, Line 3					
8. SUBTOTAL CASH PAYMENTS Add Lines 5 + 7	\$	285.00	\$	285.00	22. Cumulative Expenditures Made* (#Subject to Volumbry Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3					Date of Election Total to Date
10. Nonmonetary Adjustment					(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	285.00	\$	285.00	\$
Current Cash Statement				· · · · · · · · · · · · · · · · · · ·	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	457.94	To	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above			an	nounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4				rresponding amounts m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		285.00		port. Some amounts in Numn A may be negative	Taponou III Goldini, C.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	172.94	fig	ures that should be	
If this is a termination statement, Line 16 must be zero.			pe	btracted from previous riod amounts, If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Parl 2	\$		foi	s first report being filed this calendar year, only my over the amounts	
Cash Equivalents and Outstanding Debts			fro	m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$			~ ·	
19. Outstanding Debts Add Une 2+ Line 9 in Column B above	\$				FPPC Form 460 (January) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-37)

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Schedule A Monetary Contributions Received		Amount	or print in ink. is may be rounded whole dollars.		Statement covers period		CALIFORNIA 460	
SEE INSTRUCTIO	DNS ON REVERSE				/30/10	Page4	of 17	
NAME OF FILER		<del></del>	· · · · · · · · · · · · · · · · · · ·			LO. NUMBER 930080		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (#F COMMITTEE ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER PFREE-EMPLOYED, ENTERNAME OF BUSNESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	ER ELECTION TODATE IF REQUIRED)	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					,	
"		COM COM DIH DIH						
		COM COTH PTY SCC					A Committee of the Comm	
		OIND OTH PTY SCC					,	
		OIND COM OTH PTY SCC						
			SUBTOTAL:	\$				
1. Amount re (Include a	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.) ceived this period – unitemized monetary contributions				IND- COM OTH	tributor Codes Individual Recipient Cor (other than P Other (e.g., t	TY or SCC) pusiness entity)	
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu				PTY-	- Political Party Small Contribu		
ירוטע הווכי	o i and a. Lines tions and on the outlineary rage, cold		IVIAL 3			FPPC Form	460 (January/05)	

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

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	Schedule A (Continuation Sheet) Monetary Contributions Received		nt in ink. be rounded loilars.	trom	ers period 1/10 30/10	CALIFORNIA 460		
				through O/	30/10	L	of 17	
NAME OF FILER			-			I.D. NUMBE	R	
David Wea	aver, Committee to Elect David Weaver			·		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	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		DIND COM OTH PTY SCC						
		IND   COM   OTH   PTY   SCC						
		IND   COM   OTH   PTY   SCC					<u> </u>	
	·	DIND COM OTH PTY SCC						
		IND   COM   OTH   PTY   SCC						
			SUBTOTAL:	<u> </u>				

\*Contributor Codes

IND-Individual

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 450 (January/05) FPPC Toll-Free Heipline: 866/ASK-FPPC (866/275-3772)

Schedule B - Part 1				SCHEDULE B-PART1				
Loans Received Amounts may be rounded to whole dollars.				Statement cov	•	CALIFORNIA 46		
Luans Neceived					from1/0	1/10	FORM TOO	
					through6/	/30/10	Page 6	of 17
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER					titlough		I,O, NUMBER	
David Weaver, Committee to Elect David	l Weaver			•			930080	
	IF AN INDIVIDUAL, ENTER	(4) OUTSTANDING	(b)	(c)	OUTSTANDING	(4)	if)	(8)
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAR OR FORGIVE THIS PERIOR	N CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
David Weaver	City Council		<u> </u>	PAID				CALENDARYEAR
Charles Of 94000	City of Glendale			\$	- 3.00		<u> 8336.00</u>	\$
Glendale, CA 91208			[ [	FORGIVEN		AALE		PER ELECTION**
TO IND COM OTH PTY SCC		\$8	s	3	DATE DUE	.5	12/31/93 DATE INCURRED	s
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				\$	-	RATE %		s
				FORGIVEN		RATE		PER ELECTION **
TO IND COM COTH PTY SCC	•	3	\$	\$	CATEDUE	\$	DATE INCURRED	3
				PAID				CALENDARYEAR
•				s	-   1	<u> </u>	;	
				FORGIVEN		RATE		PER ELECTION**
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		\$	ŧ	\$ <u></u>	DATEDUE	\$	DATE INCURRED	s
		SUBTOTALS \$	0.00	0.00	\$ 0.00	\$ 0.00	la judici di	
Schedule B Summary						(Enter (e) on Scheckée E, Line 3)		<del></del>
1. Loans received this period	****			<b>s</b>	0.00			
(Total Column (b) plus unitemized loan	s of less than \$100.)		•			( to	Contributor Codes	
2. Loans paid or forgiven this period				e	0.00	IN	ID-individusi	i
(Total Column (c) plus loans under \$100	) paid or forgiven.)			Ψ —	<del></del>	0	OM – Recipient Co other than	xmmittee . PTY or SCC)
(Include loans paid by a third party that	l are also itemized on Scheo	Jule A.)				O.	TH – Öther (s.g., TY – Political Part	business entity)
3. Net change this period. (Subtract Line	2 from Line 1.)	*>=24***		NET \$	0.00	s	CC - Small Contril	outor Committee
Enter the net here and on the Summar	y Page, Column'A, Line 2.			(	May be a negative number)	<u> </u>		

"Amounts forgiven or paid by another party also must be reported on Schedule A.

" If required.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 856/ASK-FPPC (866/275-3772)

Date duty D. David		Tenn on well-t in the				sc	HEDULE B- PART
Schedule B – Part 2 Loan Guarantors		Type or print in Ink. Amounts may be rounded to whole dollars.		Statem	ent covers period 1/01/10		NIA AGO
SEE INSTRUCTIONS ON REVERSE				through .	6/30/10	Page	of 17
NAME OF FILER				<u> </u>		I.D. NUMBE	
David Weaver, Committee to Elect David \	Veaver		•		•	930080	•
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR OF COMMITTEE, ALSO ENTER LD. NUMBERS	CONTRIBUTOR CODE	IF-AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF RULF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND		LENDER			CALENDAR YEAR	
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	□scc					•	

FPPC Form 450 (January/05) FPPC Toli-Free Helpline: 865/ASK-FPPC (866/275-3772)

Enter on Summary Page, Line 17 orly.

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SUBTOTAL \$

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Schedule Nonmone	C etary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.		Sta	tement covers p		CALIF		460
					from_	1/01/10	<del></del> -	FO	RM	400
CEE MOTO ICTA	1) (C.) (C.) (C.) (C.)				throug	h6/30/1	0	Page	8 of	17
NAME OF FILER	ONS ON REVERSE				l			LD, NUME		
David Wea	iver, Committee to Elect David Weaver							930080		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. MUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA' CALENDA (JAN 1 - I	TE VR YEAR	TO	ECTION DATE QUIRED)
	•	□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
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Attach addi	itional information on appropriately labe	eled continuati	on sheets.	SUBTO	TAL \$	0.00				
1. Amount re (Include a	C Summary accived this period – itemized nonmonetar	***********	********				_ IND-		t Committee an' PTY or l	SCC)
	eceived this period – uniternized nonmone		ns of less than \$100	**************************************	\$		- OTH	– Other (s – Political P	g., businer arty	ss entity)

3. Total nonmonetary contributions received this period.

FPPC Toll-Free Helpline: 856/ASK-FPPC (886/275-3772)

0.00

SCC - Small Contributor Committee

Supportin	of Expenditures ag/Opposing Other es, Measures and Committees	Type or print in Amounts may be a to whole dolls	rounded	110111	1/10	CALIFO FOR	
	ONS ON REVERSE			through6/	30/10	Page	9 of 17
NAME OF FILER David Wea	ver, Committee to Elect David Weaver					1.D. MUM 930080	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIN CALENDA (JAN: 1-)	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution independent Expenditure					<del>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </del>
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTA	iL \$			
	D Summary ontributions and independent expenditures made	this period. (Include al	l Schedule D subtotals.	)		\$	
	d contributions and independent expenditures ma		·				
	ibutions and independent expenditures made this					¢	0.00

FPPC Form 450 (January/05)
FPPC Toll-Free Heipline: 856/ASK-FPPC (866/275-3772)

ummary Supportin	ition Sheet) of Expenditures ig/Opposing Other es, Measures and Committees	Type or print in Amounts may be n to whole dolla	ounded	Statement cover 1/01; from 1/01; through 6/3	•	CALIFORNIA 46( FORM 10 of 17	
MEOFFILER						I.D. NUM	
David Wea	ver, Committee to Elect David Weaver					930080	l 
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - 0	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				•	
·	□ Support □ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution independent Expenditure					
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Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER David Weaver, Committee to Elect David Weaver	Type or prin Amounts may to to whole d	be rounded		Statement covers period from 1/01/10 through 6/30/10	Page 1 LD. NUMB 930080	1 of 17
CODES: If one of the following codes accurately describe  CMP campaign paraphernalia/misc.  CNS campaign consultents  CTB contribution (explain nonmonetary)*  CVC civic donations  Fil. candidate filing/ballot fees  find fundralising events  ND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member commeetings and office exper petition circu. PHO phone banks politing and sport postage, del	munications d appearance uses lating s survey resear ivery and me	s	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries tv. or cable airtime and production TRC candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration WEB information technology costs	duction costs d meals and meals s of the same	·
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. MANBER)		CODE (	OR (	DESCRIPTION OF PAYMENT		AMOUNT PAID
Kelly & Small CPAs 11P Glendale, CA 91208		PRO	Professional S	Gervices		285.00
	<del>, , , , , , , , , , , , , , , , , , , </del>			1-11-1		
* Payments that are contributions or independent expenditures	must also be summ	arized on S	chedule D.	SU	BTOTAL\$	285.00
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule  2. Uniformized sources to made this period of under \$1.00.					•	· · · · · · · · · · · · · · · · · · ·
<ol> <li>Unitermized payments made this period of under \$100</li> <li>Total interest paid this period on loans. (Enter amount from</li> <li>Total payments made this period. (Add Lines 1, 2, and 3. E</li> </ol>	Schedule B, Part	1, Column (	(e).)		\$	

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FRER	Type or prim Amounts may b to whole do	e rounded		Stateme from through	1/01/10 6/30/10	CALIFO FOR Page	12 of 17
David Weaver, Committee to Elect David Weaver  CODES: If one of the following codes accurately desc  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  campaign literature and mailings	MBR member commeetings an OFC office exper PET petition circus PHO phone banks POL polling and postage, del	imunications d appearance ises liating s . survey resean livery and me	s	RAD radio RFD retun SAL camp TEL tv. o TRC cand TRS staff, TSF trans VOT voter	airtime and productioned contributions balgn workers' salarier cable airtime and productions travel, lodging, a spouse travel, lodging, a spouse travel, lodging	on costs  s  oduction costs  und meals  , and meals  es of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER LD. MUMBER)	Pulmin	CODE	PR	DESCRIPTION OF P	AYMENT		AMOUNT PAID
,	•						
· · · · · · · · · · · · · · · · · · ·							

		•			SCHEDULEF
Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.	ed	Statement coverage 1/0		FORM 460
SEE INSTRUCTIONS ON REVERSE			through6/3	30/10 Pa	ge 13 of 17
NAME OF FILER  David Weaver, Committee to Elect David Weaver				i	NUMBER 1080
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC divic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MER member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services ( PRT print ads	ns nces earch messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate trave TRS staff/spouse tr TSF transfer betwee VOT voter registrati	nd production costs ibutions kers' salaries time and production cost, lodging, and measure. by lodging, and measure, lodging, and measure, lodging, and the en committees of the	als same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(#) 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
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	0.00	\$ 0.00	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	schedule F, Column (b) sui	btotals for	INCU	RRED TOTALS S	0.00
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)</li></ol>	edule F, Column (c) subtot	als for payments or	1	·	
Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	lar the difference here one			-	
				FPF	PC Form 460 (January/05) ASK-FPPC (866/275-3772)

Schedule F	Type or print in ink.		SCHEDU	LEF (CONT.)
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period 1/01/10	CALIFORNIA FORM	460
		through6/30/10	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 descri	bes the payment, you may enter the code. Of	herwise, describe the paymen	t.	

CO	DES. If one of the sollowing codes accurately describe	S ule	payment, you may enter the code.	Otherwise	e, describe the payment.
OMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CLB	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	POL	politing and survey research		staff/spouse travel, lodging, and meals
ND	Independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services		transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration
Ш	campaign literature and mailings	PRT	print ads		information technology costs (internet, e-mail)

<sup>\*</sup> 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 BALANCEAT CLOSE OF THIS PERIOD
					•
	SUBTOTALS	\$ 0.00	0.00	\$ 0.00	\$ 0.00

0.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)  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.			Staterns from through	6/30/10		CALIFORNIA 460 FORM 15 of 17 LD. NUMBER 930080	
NAME OF AGENT OR INDEPENDENT CONTRACTOR	·	-		- <del> </del>		330000		
CODES: If one of the following codes accurately described campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FL candidate filing/ballot lees  FND fundraising events  ND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  * Payments that are contributions or independent expenditures must also	MBR member co. MTG meetings a OFC office experition circ PHO phone bank POL polling and POS postage, de PRO professions PRT print ads	mmunication appearan enses culating as survey rese elivery and a di services (I	s ces arch nessenger services egal, accounting)	RAD radio a RFD returns SAL campa TEL t.v. or r TRC candid TRS staff/s TSF transfe VOT voter r	iritime and production of contributions ign workers' salaries cable airitme and prod attavel, lodging, and pouse travel, lodging, r between committee:	costs  kuction costs d meals and meals s of the same o	•	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALBO ENTER LD, MUMBER)		CODE	OR	DESCRIPTION OF PAY	MENT		AMOUNT PAID	
			1					

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

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 460 (January/05)
FPPC To#-Free Helpline: 856/ASK-FPPC (866/276-3772)

TOTAL\* \$

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Amounts may be rounded to whole dollars.  Statement covers period  1/01/10  1/01/10  CALIFORNIA 460  through 6/30/10  Page 17 of 17	Schedule I Miscellaneous increașes to Cash		to whole dollars.				SCHEDULEI	
Attach additional information on approprietely labeled continuation sheets:  Schedule I Summary  Itemized increases to cash of under \$100 this period.  Unitemized increases to cash of under \$100 this period.  Unitemized increases to cash of under \$100 this period.  Unitemized increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.))  Total in Siccilianaesis increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.))  Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)					-			
Attach additional information on appropriately labeled continuation sheets.  Schedule 1 Summary  Item Interest received this period,								
David Weaver, Committee to Elect David Weaver 930080  OATE RECENTED PLAL NAME AND ADDRESS OF SOURCE (F COMMITTE, ALSO ENTRE), NAMEER 10 CASH  Attach additional information on appropriately labeled continuation sheets.  Substotal \$ 0.00  Schedule I Summary  Itemized increases to cash this period.  Unitemized increases to cash of under \$100 this period.  Total of sell interest received this period on loans made to others. (Schedule H, Column (e).)  Summary Page, Line 14.)  NAMINET 930080  AMOINT OF INCREASE TO CASH  AMOINT OF INCR		SE		through 6/30/10		- Page 17 of 17		
ANCINT OF INCREASE TO CASH  RECEVED  RE	NAME OF FILER		•			I.D. NUMBER		
Attach additional information on appropriately labeled continuation sheets.  Subtrotal: \$ 0.00  Schedule   Summary   Itemized Increases to cash this period	David Weaver, Comm	ittee to Elect David Weaver	· · · · · · · · · · · · · · · · · · ·			930080		
Schedule I Summary  . Itemized increases to cash this period			DESCRIPTION O		RECEIPT			
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. Itemized increases to cash this period. \$  . Unitemized increases to cash of under \$100 this period. \$  . Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$  . Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL \$  . TOTAL \$  . TOTAL \$	Attach additional infor	nation on appropriately labeled continuation sheets.			SUBTOTA	\L \$	0.00	
Unitemized increases to cash of under \$100 this period	Schedule I Summa	ту						
Total of all interest received this period on loans made to others. (Schedule H, Column (e).)								
Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)					· ·			
Summary Page, Line 14.)				***************************************	\$	<del></del> -		
	<ol> <li>Total miscellaneous Summary Page, Lin</li> </ol>	increases to cash this period. (Add Lines 1, 2, a e 14.)	and 3. Enter here and on the	TOTAL	<b>s</b> 0.0	00		
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