Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Typo or print in ink.	COVERPAGE CITIZENTER CALIFORNIA 460 201/102 FORM
	Statement covers period Date of election if app (Month, Day, Year	
SEE INSTRUCTIONS ON REVERSE	through 12/31/2013	
State Candidate Election Committee Recall (Also Committee Part 5) General Purpose Committee Sponsored Small Contributor Committee	allot Measure Committee	talement
o. Commutee mormanon 9	NUMBER Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) DAVID G. WEAVER	NAME OF TREASURE DAVID B. SMAI MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)	GITY GLENDALE	STATE ZIP CODE AREA CODE/PHONE CA 91208
CITY STATE ZIP CO GLENDALE CA 91208 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B		T TREASURER, IF ANY
CITY STATE ZIP CO	DE AREA CODE/PHONE CITY	STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	OPTIONAL: FAX / E-I	MAIL ADDRESS
Executed on	By Signature of Controlling Chicabook By Signature of Chicabook	on contained herein and in the attached schedules is true and complete. I
Executed on	Signatura of Controllarig Officeholder,	Caosdale Siste Measure Proposers FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

Recipient Committee Campaign Statement Cover Page — Part 2 COVER PAGE - PART 2
CALIFORNIA 460
FORM

Page 2 of 17

	ommittee		Ballot Measure Comn			,,	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
DAVID G. WEAVER							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
CITY COUNCIL MEMBER, CITY OF GLE	ENDALE					U	OPPOSE
RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET	T) CITY STATE ZIP						
	CA 91208		identify the controlling o	fficeholder, ca	ndidate, or state	o measure p	roponent, if an
		:	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT		
Related Committees Not Included in the not included in this statement that are controlled to contributions or make expenditures on behalf of y	y you or are primarily formed to receive	:	OFFICE SOUGHT OR HELD		Di	ISTRICT NO. IF	ANY
DOMMITTEE NAME	I.D. NUMBER						
***************************************		7.	Primarily Formed Co	nmittee <i>us</i>	names of officeh	older(s) or ca	indidatalet for
NAME OF TREASURER							
	CONTROLLED COMMITTEE?		which this committee is prid				manufactal 100
	☐ YES ☐ NO		***************************************	marily formed.	Torrice sough		
	☐ YES ☐ NO		which this committee is printed on the committee of officeholder or	marily formed.	OFFICE SOUGH		SUPPORT
	☐ YES ☐ NO		***************************************	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT
	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE		IT OR HELD	SUPPORT
	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT
CITY STATE	PO BOX) ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE		IT OR HELD	SUPPORT
CITY STATE	PO BOX) ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	IT OR HELD.	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE NAME VAME OF TREASURER	ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	IT OR HELD.	SUPPORT DPPOSE SUPPORT DPPOSE SUPPORT DPPOSE
COMMITTEE NAME NAME OF TREASURER	ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	IT OR HELD.	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE NAME NAME OF TREASURER	ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGH	IT OR HELD.	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

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

Statement covers period O7/01/2013 CALIFORNIA 460

SUMMARY PAGE

3 of 17 12/31/2013 through ... SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.O. NUMBER DAVID G. WEAVER 930080 Column A Column B **Calendar Year Summary for Candidates Contributions Received** TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TODATE **General Elections** 0 1. Monetary Contributions Schedule A, Line 3 5 1/1 through 6/30 7/1 to Date 0 0 2. Loans Received Schedule 8 Line 3 0 O 20. Contributions Received 0 Nonmonetary Contributions Schedule C. Line 3 21. Expenditures Made Expenditures Made **Expenditure Limit Summary for State** 285.00 285.00 Candidates 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 285.00 285.00 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date n (mm/dd/yy) 285.00 285.00 **Current Cash Statement** 558.46 12. Beginning Cash Balance Previous Summary Page. Line 16 S To calculate Column B. add 13. Cash Receipts Column A. Line 3 above amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last 285,00 report. Some amounts in Column A may be negative 273,46 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 \$ ____ O for this calendar year, only Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse \$ FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A Monetary Contributions Received		Amount	or print in ink. s may be rounded whole dollars.	Statement cov	rers period 01/2013	california 460		
SEE INSTRUCTIO	ONS ON REVERSE			through12/	31/2013	Page	4_or_17_	
NAME OF FILER		······································		<u> </u>		I.D. NUM	1	
DAVID G. V	VEAVER	,				930080		
DATE RECEIVED	FULL NAME; STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE ALSO ENTER ID NAMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	COMULATIVE TO CALENDAR Y (JAN 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□com □com □str □scc						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	•				
1. Amount re	A Summary ceived this period – contributions of \$100 or more. I Schedule A subtotals.)	*****************		0	IND-		t Committee	
	ceived this period – unitemized contributions of less the					- Other	an PTY or SCC)	
3. Total mone	stary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colur					- Political F - Small Co	Party Intributor Committee	

Schedule A (Continuation Sheet) Type or print in ink. SCHEDULE A (CONT.) **Monetary Contributions Received** Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. 07/01/2013 FORM from. 12/31/2013 _ of __17 through. NAME OF FILER I.O. NUMBER DAVID G. WEAVER 930080 THUOMA IF AN INDIVIDUAL, ENTER-CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER LD, NUMBER) RECEIVED CODE * OF SELF-EMPLOYED ENTERNAME PERIOD (JAN. 1 - DEC, 31) (IF REQUIRED) OF BUSINESS) СОМ □ OTH **□**PTY □scc ПСОМ ОТН PTY Scc ПСОМ □огн **□**PTY □scc. □IND □сом □отн

SUBTOTAL \$

0

PTY SCC

*Contributor Co

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Sched	ule	B-	Part	1
Loans	Rec	eiv	ed	

Type or print in ink.

SCHEDULE B PART 1

Loans Received	Amounts may be rounded						ans Received to whole dollars.			07/01/2013 CALIFORNIA FORM		
SÉE INSTRUCTIONS ON REVERSE				:	through12/	31/2013	Page 6	of <u>17</u>				
NAME OF FILER	***************************************	······································			· · · · · · · · · · · · · · · · · · ·		I.D. NUMBER					
DAVID G. WEAVER							930080					
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (# COMMITTEE, ALBOENTER 10 NUMBER)	IF AN INDIVIOUAL, ENTER OCCUPATION AND EMPLOYER (FELL-EMPLOYED, ENTER NAMEOFBUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD		(*) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(a) CUMULATIVE CONTRIBUTIONS TO DATE				
				□ PAID				CALENDAR YEAR				
				C) LOKOWEN	*	SATE.	\$	PERELECTION**				
† IND COM OTH PTY SCC		5	·\$	s	DATEOUE	\$:	DATE INCURRED	\$ <u></u>				
	**************************************	<u> </u>		☐ PAID				CALENDAR YEAR				
				□ LOUGINEN	5	HATE		PER ELECTION**				
[†] □ ND □ COM □ GTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	*				
				☐ FORGIVEN	\$	HATE:	.\$	CALENDAR YEAR S PER ELECTION**				
TO IND COM COTH PTY CSCC		\$	3	\$	OATE DUE	s	DATE INCURRED	3:				
		SUBTOTALS \$	0.1	0	\$ 0	\$ 0						
Schedule B Summary						(Enler(e) on Schodule E, Line 3)						
Loans received this period (Total Column (b) plus unitemized loans	less than \$100.)	e to the first the end of the engine while e.g. a	**************		0			given or paid by				
Loans paid or forgiven this period (Total Column (c) plus loans under \$100	noid arfarakan 3	************	. 4.C470000 + 1.4.4,0 b > 2 + 670-09-04	\$	Ö		reported on \$	Schedule A.				
(Include loans paid by a third party that		lule A.)					n.requireu.	•				
Net change this period. (Subtract Line Enter the net here and on the Summary	2 from Line 1.) Page, Column A, Line 2.	********************	< <p>**C68**********************************</p>	NET \$	O ay be a regative number)							
† Contributor Codes IND-Individual COM - Recipient Committee (of	her than PTY or SCC) OTH -	Olher PTY-Po	olitical Party S	CC - Small Con	tributor Committee	FPPC To	FPPC For oll-Free Helpline	m 460 (June/01) : 866/ASK-FPPC				
								100000000000000000000000000000000000000				

SCHEDULE 8- PART 2 Schedule B - Part 2 Type or print in ink. Statement covers period Amounts may be rounded **CALIFORNIA Loan Guarantors** to whole dollars. 07/01/2013 **FORM** from 12/31/2013 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER DAVID G. WEAVER 930080 IF AN INDIVIOUAL, ENTER AMOUNT GUARANTEED FULL NAME, STREET ADDRESS AND BALANCE CONTRIBUTOR **CUMULATIVE** OCCUPATION AND EMPLOYER. ZIP CODE OF GUARANTOR LOAN OUTSTANDING CODE (F SELF-EMPLOYED, ENTER NAME OF BUSINESS) TODATE (IF COMMITTEE, ALSO ENTER LD NAMER) THIS PERIOD. TO DATE CALENDAR YEAR LENDER □COM **□**OTH PER ELECTION DATE (IF REQUIRED) PTY SCC CALENDAR YEAR []IND LENDER □COM PER ELECTION □отн DATE (IF REQUIRED) PTY □scc CALENDAR YEAR ☐IND LENDER ПСОМ PER ELECTION ГОТН (IF REQUIRED) OSTE **PTY** []SCC CALENDAR YEAR LENDER СОМ PERELECTION □ OTH DATE (IF REQUIRED) **□PTY**

□scc

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

Enteron

Summary Page, Line 17 only.

SUBTOTAL S

Schedule C **Nonmonetary Contributions Received**

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

Statement covers period CALIFORNIA 07/01/2013 **FORM** from:

EE INSTRUCTIONS ON REVERSE AME OF FILER DAVID G. WEAVER				oonoog a quantum markan aran aran aran aran aran aran aran	through 12/31/	2013	Page	8 of 17 ER
DAVID G.	WEAVER						930080	<u> </u>
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR UF COMMITTEE ALSO ENTER TO NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICE		CALEN	ATIVE TO ATE DAR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
entra en esperimento de chemica consistence		□IND □COM □OTH □PTY □SCC	e meteor for the energy among the first of the surgest angular angular angular angular angular angular angular	e communicación de la companya de l La companya de la companya de				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC		·				
Attach additio	onal information on appropriately lab	eled continuati	ion sheets.	SUBTOT	AL\$ ()		
Schedule C 1. Amount reco (Include all \$	Summary eived this period – nonmonetary contrib Schedule C subtotals.)	utions of \$100 a	or more.		. 3	O CO	ontributor Con I Individual M - Recipien (other th H - Other	

Amount received this period – uniternized nonmonetary contributions of less than \$100

3. Total nonmonetary contributions received this period. 0

PTY - Political Party SCC - Small Contributor Committee

Supportin	of Expenditures g/Opposing Other s, Measures and Committees	easures and Committees REVERSE			s period 2013 /2013	CALIFORNIA FORM Page 9 of 1 1.0 NUMBER 930080		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISCICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION aP REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1- DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure	·	·				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
**************************************			SUBTOTAL	\$ 0				

Schedule D (Continuation Sheet) Type or print in ink. SCHEDULED (CONT.) Amounts may be rounded **Summary of Expenditures** Statement covers period **CALIFORNIA** to whole dollars. Supporting/Opposing Other 07/01/2013 **FORM** from Candidates, Measures and Committees 12/31/2013 through. NAME OF FILER LO. NUMBER DAVID G. WEÄVER 930080 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TODATE MEASURE NUMBER OR LETTER AND JURISDICTION, (FREQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE ☐ Monetary Contribution Nonmonetary Contribution ☐ Independent Expenditure ☐ Support Oppose ☐ Monetary 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

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.				ont covers period 07/01/2013	CALIFORNIA A		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				from	12/31/2013	Page	11 of 17	
DAVID G. WEAVER						930080		
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	imunications d appearances ises ilating s survey researc	h senger services	RAD radio- RFD return SAL camp TEL t.v. or TRC candid TRS staff/s TSF transf	be the payment. airlime and production- led contributions aign workers' salaries cable airlime and prod date travel, lodging, and pouse travel, lodging, in er between committees registration hation technology costs	luction cost of meals and meals s of the sar	me candidate/sponsor	
NAME AND ADDRESS OF PAYEE OF COMMITTEE ALSO EMERIC NUMBER)		CODE O	R DES	CRIPTION OF PA	YMENT		AMGUNT PAID	
KELLY & SMALL CPAS, LLP GLENDALE, CA 91208	· · · · · · · · · · · · · · · · · · ·	PRO	ACCOUNTING S	ERVICES			285.00	
* Payments that are contributions or independent expenditures	must also be summ	arized on Sc	hedule D.		su	BTOTAL \$	285.00	
Schedule E Summary							285:00	
Payments made this period of \$100 or more. (Include all So Initemized payments made this period of under \$100.)							0	
Unitemized payments made this period of under \$100 Total interest paid this period on loans. (Enter amount from							0	

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

285,00

Schedule E	Type or print	b Yein Yim ke		SCHEDULE E (CONT.)
(Continuation Sheet)	Amounts may b	e rounded	Statement covers period	CALIFORNIA ACA
Payments Made	to whole do	ilars.	from 07/01/2013	FORM TUV
		Ä	through 12/31/2013	12 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	**************************************	and the second s	arrough	Eagy
DAVID G. WEAVER				930080
CODES: If one of the following codes accurately des	scribes the payment, v	ou may enter the code.	Otherwise, describe the payment,	
CMP campaign paraphernalia/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 tegal defense campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s)* POS postage, del	munications d appearances uses lating	RAD radio airtime and production RFD returned contributions: SAL campaign workers salaries TEL t.v. or cable airtime and production RRC candidate travel, lodging, and TRS staff/spouse travel, lodging,	duction costs id meals and meals as of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OF COMMITTEE, ALSO ENTER LD. NAMBER)		GODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			11 11 11 11 11 11 11 11 11 11 11 11 11	
				
				aller e de la constante de la

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

SUBTOTAL \$

0

#FO	5

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.	IIVIII	/2013	ALIFORNI FORM	40V			
SEE INSTRUCTIONS ON REVERSE			through 12/3	1/2013	Page 13	of17		
NAME OF FILER	·		 		O NUMBER	· · · · · · · · · · · · · · · · · · ·		
DAVID G. WEAVER				9	30080			
The contribution (explain nonmonetary)* OFC office expenses OFC office				Otherwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sp VOT voter registration WEB information technology costs (internet, e-mail)				
NAME AND ADDRESS OF CREDITOR OF COMMITTEE ALSO ENTER LD. NUMBER)	GODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON	BALA	(d) JTSTANDING INCE AT CLOSE THIS PERIOD		
						www.woode.ac.ac.ac.ac.ac.ac.ac.ac.ac.ac.ac.ac.ac.		
	·					alirid namogor (a adirika uju, an u vona, n. delinearidores		
 Payments that are contributions or independent expenditures must also be summarized on Schedule D. 	SUBTOTALS :	0 :	S 0	\$	0 \$.0:		
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized expenses of \$100 or more, plus total unit	Schedule F, Column (b) su accrued expenses under t	btotals for	INGL	IRRED TOTAL	\$ *	Ŏ.		
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more; plus total unitemized in	edule F, Column (c) subto	tals for payments or	· ·	·	•			
Net change this period, (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	ter the difference here and	4						
						n 460 (June/ 01)		

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.	iod	IIOIII		SCHEDULE F (CONTINUE OF CONTINUE OF CONTIN		
NAME OFFILER DAVID G. WEAVER				1.0.0	UMBER 080		
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/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 * Payments that are contributions or independent expenditures must a	MBR member communication MTG meetings and appears OFC office expenses PET pelition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns inces earch messenger services (legal, accounting)	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/spons				
NAME AND ADDRESS OF CREDITOR OF COMMITTEE ALSO ENTER LO. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(#) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PÉRIOD	(C) AMOUNT PAID THIS PERIOD JALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		

SUBTOTALS \$ 0 \$ 0 \$ 0 \$ 0

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type of print in ink. Amounts may be rounded to whole deliars.		Statement covers period from 07/01/2013		CALIFOR FORM	# # ## ## ## ## ## ##	
SEE INSTRUCTIONS ON REVERSE				through_	12/31/2013	Page 15	of 17
NAME OF FILER DAVID G. WEAVER				<u></u>		10 NUMBER 930080	
NAME OF AGENT OR INDEPENDENT CONTRACTOR	***************************************	**************************************	······································		······································		
CODES: If one of the following codes accurately describ CMP campaign paraphemalia/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 * Payments that are contributions or independent expenditures must also	MBR member co MTG meetings a OFC office expi PET petition cin PHO phone ban POL polling and POS postage, d PRO professions PRT print ads	mmunications and appearance assessing the control of the control o	es arch essenger services gal, accounting)	RAD radio RFD return SAL camp TEL f.v. or TRC candi TRS staff/s TSF transi	scribe the paymer airlime and production airlime and productions aign workers' salaries cable airlime and product travel, lodging, ar spouse travel, lodging, er between committee registration aation technology cost	duction costs duction costs dimeals and meals ss of the same o	₹
NAME AND ADDRESS OF PAYEE OR CREDITOR (FCOMMITTES, ALSO ENTER LD, NUMBER)		CODE	DR D	ESCRIPTION OF PA	YMENT	i i i i i i i i i i i i i i i i i i i	AMOUNT PAID
						and a second control of the second control o	
						-	

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

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 865/ASK-FPPC

TOTAL* \$

Schedule H Loans Made to Others*	Type or print in lnk. Amounts may be rounded to whole dollars.			ľ	Statement cov	rers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			or uniday.			31/2013	Page 16	of17
DAVID G. WEAVER							930080	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER + D NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(M) AMOUNT LOANED THIS PERIOD	(¢) REPAYMENT (FORGIVENES THIS PERIOR	S CLOSE OF THIS	INTEREST RECEIVED	Ø ORIGINAL AMOUNTOF LOAN	CUMULATIVE LOANS TO DATE
				[] PAID				CALENDAR YEAR
			***************************************	S FORGIVEN		ARE.	\$ <u></u>	\$ PERELECTION**
		\$	\$	is	DATE DUE	\$	DATE INCURRED	5
	***************************************			□ PAID.				CALENDAR YEAR
		Nama de la constante de la con		3 ☐ FORGIVEN	\$	**************************************	\$:	PERELECTION**
		\$	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.		SUBTOTALS	\$	\$	\$	\$	on and Australia SPE 125 124 SPESSORS	
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period(Total Column (b) plus unitemized loans	less than \$100.)	**************************************	*************	************	······\$;	0		**If Required
Payments received on loans	ents less than \$100.)		************	a Paragagaga na manga kang dala		0		······································
3. Net change this period. (Subtract Line (Enter the net here and on the Summar	2 from Line 1.)	********************	*****************	**************	NET \$	O y be a negative number	ŢŢ.	

Schedule I Miscellaneous In SEE INSTRUCTIONS ON REVER NAME OF FILER DAVID G. WEAVER	RSE	Type or print in Ink. Amounts may be rounded to whole dollars.	Statement from through	ent covers period 07/01/2013 12/31/2013	CALIFORNIA 460 FORM 460 Page 17 of 17 LD NUMBER 930080
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (# COMBITTEE, ALSO ENTER 10 NUMBER)	.DE	DESCRIPTION OF RECEIPT		
		construción interioriente de construción se en entre en entre en entre en entre en entre en entre entre entre e			
			· · · · · · · · · · · · · · · · · · ·		
Attach additional infor	nation on appropriately labeled continuation sheets.		and the state of t	**	
Schedule I Summa				SUBTOTA	L\$ 0
1. Increases to cash o	f \$100 or more this period.			\$	<u>0</u>
2. Unitemized increases to cash under \$100 this period.					0_
	eceived this period on loans made to others. (Sche-		*****	\$	<u>0</u>
 Total miscellaneous Summary Page, Lin 	increases to cash this period. (Add Lines 1, 2, and e 14.)	d 3. Enter here and on the	TOTAL	\$	<u>o</u> _
					FPPC Form 460 (June/01) oll-Free Helpline: 866/ASK-FPPC