

CITY CLERK  
2007 MAR 22 PM 5:04

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200 - 84216.5)

COVER PAGE

Date Stamp  
**COPY**

CALIFORNIA  
FORM **460**

Page 1 of 12

A For Official Use Only

<b>Statement covers period</b>	<b>Date of Election if applicable:</b>
from <u>01/01/2007</u>	(Month, Day, Year)
through <u>02/17/2007</u>	<u>04/02/2007</u>

**1. Type of Recipient Committee:**

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

**2. Type of Statement:**

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

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**

**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**

Statement covers period from <u>01/01/2007</u> through <u>02/17/2007</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>12</u>
I.D. NUMBER 930080	

NAME OF FILER David Weaver, Committee to elect David Weaver

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

**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

<b>Expenditures Made</b>	<b>Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</b>	<b>Column B CALENDAR YEAR TOTAL TO DATE</b>
6. Cash Payments ..... <i>Schedule E, Line 4</i>	\$ <u>1,525.00</u>	\$ <u>1,525.00</u>
7. Loans Made ..... <i>Schedule H, Line 7</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>1,525.00</u>	\$ <u>1,525.00</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>1,567.00</u>	<u>1,567.00</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>3,092.00</u>	\$ <u>3,092.00</u>

**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
_____	_____
_____	_____

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

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 1, Column (b)</i>	\$ <u>0.00</u>
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<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents .....	\$ <u>0.00</u>
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>1,650.00</u>

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

**Schedule A  
Monetary Contributions Received**

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2007</u>	
through <u>02/17/2007</u>	
Page <u>4</u> of <u>12</u>	

NAME OF FILER <b>David Weaver, Committee to elect David Weaver</b>	I.D. NUMBER <b>930080</b>
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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	
<b>SUBTOTAL \$</b>				<b>3,400.00</b>		

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 10,475.00
2. Amount received this period - unitemized monetary contributions of less than \$100.  
..... \$ 1,059.00 ✓
3. 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 <u>01/01/2007</u> through <u>02/17/2007</u>	CALIFORNIA FORM <b>460</b> Page <u>5</u> of <u>12</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	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	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2007</u>	
through <u>02/17/2007</u>	
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NAME OF FILER <b>David Weaver, Committee to elect David Weaver</b>	I.D. NUMBER <b>930080</b>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN 1 - DEC 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
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	

<b>SUBTOTAL \$</b>	1,350.00	
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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2007</u>	
through <u>02/17/2007</u>	
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NAME OF FILER <b>David Weaver, Committee to elect David Weaver</b>	I.D. NUMBER <b>930080</b>
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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	

<b>SUBTOTAL \$</b>	<b>1,175.00</b>
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

Statement covers period from <u>01/01/2007</u> through <u>02/17/2007</u>	CALIFORNIA FORM <b>460</b> Page <u>8</u> of <u>12</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**

Statement covers period  
from 01/01/2007  
through 02/17/2007

CALIFORNIA  
FORM **460**

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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**

Statement covers period from <u>01/01/2007</u> through <u>02/17/2007</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>10</u> of <u>12</u>

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	\$ <u>1,650</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>1,650</u> <u>01/31/2008</u> DATE DUE	<u>0.000</u> % RATE \$ <u>0</u>	\$ <u>8,336</u> <u>12/31/1993</u> DATE INCURRED	\$ <u>0</u> CALENDAR YEAR PER ELECTION \$ <u>8,336</u>
<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**

Statement covers period from <u>01/01/2007</u> through <u>02/17/2007</u>	CALIFORNIA FORM <b>460</b>
Page <u>11</u> of <u>12</u>	I.D. NUMBER <u>930080</u>

NAME OF FILER David Weaver, Committee to elect David Weaver

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					
<b>SUBTOTAL \$</b>					<b>1,567.00</b>		

**Schedule C Summary**

- Amount received this period - itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 1,567.00
- Amount received this period - Unitemized nonmonetary contributions of less than \$100.  
..... \$ 0.00
- 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**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2007</u>	<b>Page 12 of 12</b>
through <u>02/17/2007</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	OR		
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.) .... <b>TOTAL</b>	<b>\$ 1,525.00</b>