

2007 JAN 31 PM 12:05

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 - 84216.5)

Date Stamp

CALIFORNIA FORM 460

Page 1 of 13

A For Official Use Only

Statement covers period

from 07/01/2006

through 12/31/2006

Date of Election If applicable:

(Month, Day, Year)

04/02/2007

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

3. Committee Information

I.D. NUMBER 930080

COMMITTEE NAME

Committee to elect David Weaver

STREET ADDRESS (NO P.O. BOX)

1024 Havenkamp Drive

CITY

Glendale

STATE

CA

ZIP CODE

91206

AREA CODE/PHONE

(818) 240-2225

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

Glendale

STATE

CA

ZIP CODE

91208

AREA CODE/PHONE

(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

1/31/07

DATE

Executed on

1/31/07

DATE

Executed on

DATE

Executed on

DATE

By

[Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

[Signature]

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Cover Page - Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mr. 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	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>07/01/2006</u> through <u>12/31/2006</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>13</u>
I.D. NUMBER 930080	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mr. David Weaver, Committee to elect David Weaver

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 24,162.00	\$ 24,162.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 24,162.00	\$ 24,162.00
4. Nonmonetary Contributions Schedule C, Line 3	4,614.00	4,614.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 28,776.00	\$ 28,776.00

**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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ 1,804.00	\$ 4,304.37
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1,804.37	\$ 4,304.37
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	4,614.00	4,614.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 6,418.37	\$ 8,918.37

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 15,187.00
13. Cash Receipts Column A, Line 3 above	24,162.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	1,804.37
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 37,544.63

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

SCHEDULE A

Statement covers period from <u>07/01/2006</u> through <u>12/31/2006</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>13</u>
I.D. NUMBER 930080	

NAME OF FILER Mr. 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/09/2006	AMA Construction & Real Estate, LLC 1010 Wilshire Blvd. Los Angeles, CA 90017	<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	
11/09/2006	Ms. Luisa Balsa. <i>3470 Wilshire Blvd, #1100 Los Angeles, CA 90010</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing Director ACI	500.00	500.00	
11/03/2006	Tom Bistagne 1766 Cielto 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		125.00	125.00	
11/09/2006	Ms. Marlene Cagatao 9414 Milburn Dr. Los Angeles, CA 91352	<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	
11/09/2006	Ding Carreon 1063 S. Plymouth Blvd. Los Angeles, CA 90019	<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 \$ 1,925.00

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>21,710.00</u>
2. Amount received this period - unitemized monetary contributions of less than \$100.	\$ <u>2,452.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>24,162.00</u>

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (cont.)

Statement covers period from <u>07/01/2006</u> through <u>12/31/2006</u>	CALIFORNIA FORM 460
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NAME OF FILER <u>Mr. David Weaver, Committee to elect David Weaver</u>	I.D. NUMBER <u>930080</u>
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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)
11/09/2006	Mr. Arthur Cragnotti 1480 Melwood Dr. Glendale, CA 91207-1418	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker	200.00	200.00	
11/28/2006	Ms. Kathy David 27243 Valderrama Dr. Valencia, CA 91381-0677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	accountant TBI Inc.	200.00	200.00	
11/09/2006	Ms. Ruby Devera 910 Alegre Pl. Los Angeles, CA 90065	<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	
11/06/2006	Mr. Richard Dinger <i>3923 Foothill Blvd. Glendale, CA 91214</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent Crescenta Valley Ins., Inc.	198.00	198.00	
11/09/2006	Salvatore Gangi <i>3225 Beaudry Terrace CA Glendale, CA 91208</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer	200.00	200.00	
11/03/2006	Mr. John Gerro <i>5305 Glenoaks Blvd #202 Burbank, CA 91502-2760</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney John M. Gerro, Attorney At Law	200.00	200.00	

SUBTOTAL \$	1,198.00
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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (cont.)

Statement covers period from <u>07/01/2006</u> through <u>12/31/2006</u>	CALIFORNIA FORM 460
Page <u>6</u> of <u>13</u>	I.D. NUMBER 930080

NAME OF FILER Mr. 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/09/2006	Ms. Maria Guerra 4913 Pennsylvania Ave. 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	Store Director Ralphs	100.00	100.00	
08/14/2006 11/28/2006	Jackeline Hernandez 3167 Southwycke Terrace Fremont, CA 94536-1961	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Chemtex Corporation	1,000.00 2,000.00	3,000.00	
11/09/2006	Mr. Rodney Khan 1111 N. Brand Blvd. #403 Glendale, CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Land Use Consultant Khan Consulting	2,000.00	2,000.00	
11/09/2006	Mr. Daniel Mainea <i>3470 Wilshire Bl # 50D Los Angeles, CA 90010</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO Academy of English Language	500.00	500.00	
08/19/2006 11/29/2006	Lucy Mardonovich 4745 Greenbush Ave. Sherman Oaks, CA 91423-2537	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Hollywood Production Center	1,000.00 800.00	1,800.00	
11/09/2006	Rozan Mardosian 8734 Burnet Ave. No.6 North Hills, CA 91343	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing Manager Arcadia Transit	2,000.00	2,000.00	

SUBTOTAL \$ 9,400.00

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (cont.)

Statement covers period from <u>07/01/2006</u> through <u>12/31/2006</u>	CALIFORNIA FORM 460
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I.D. NUMBER 930080	

NAME OF FILER Mr. 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
08/14/2006	Marfie Melendez 1528 Bay Street Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
11/28/2006	Mr. Frank Murphy 5001 Reynard Avenue Glendale, CA 91214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA	200.00	200.00	
11/17/2006	Mr. Richard Nahas 10111 Valley Spring Lane Toluca Lake, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
11/09/2006	Mr. Patrick Pelley 1405 Greenmont Drive Glendale, CA 91208-1727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer self	100.00	100.00	
11/09/2006	Mr. Paul Ramsay Wood 1201 Moncado 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	Paralegal Schindler Elevator Corp.	100.00	100.00	
11/09/2006	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	
SUBTOTAL \$				1,750.00		

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (cont.)

Statement covers period from <u>07/01/2006</u> through <u>12/31/2006</u>	CALIFORNIA FORM 460
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NAME OF FILER <u>Mr. David Weaver, Committee to elect David Weaver</u>	I.D. NUMBER <u>930080</u>
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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)
11/29/2006	Mr. Jose Ruiz 1977 Garden Dr. Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Controller Alps Corporation	1,300.00	1,300.00	
12/26/2006	Shawbeth, Inc. 800 South Brand Blvd. Glendale, CA 91204	<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	
11/09/2006 11/09/2006	Mr. Art Simonian 22711 Paul Revere Dr Calabasas, CA 91302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ETS & ATS LLC	99.00 99.00	198.00	
11/09/2006 11/09/2006	Mr. Artin Simonian <i>501 W. Glendaks Blvd #556 Glendale, CA 91202</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tularosa Bungalows LLC	99.00 99.00	198.00	
11/06/2006	Ms. Sharis Simonian 40313 Arroyo Drive Irvine, CA 92617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student	993.00	993.00	
11/01/2006	Mr. Michael Stafford <i>144 N. Glendale Ave., Suite 108 Glendale, CA 91206</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices of Michael N. Stafford	100.00	100.00	
SUBTOTAL \$				5,289.00		

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (cont.)

Statement covers period from <u>07/01/2006</u> through <u>12/31/2006</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>13</u>
I.D. NUMBER 930080	

NAME OF FILER Mr. 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/02/2006	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	750.00	750.00	
11/12/2006	The Walt Disney Company Disney Worldwide Services, Inc. Disney Worldwide Services, Inc. Lake Buena Vista, FL 32830	<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	
10/30/2006	Mr. Joseph Toorian 235 North Brand Blvd. Glendale, CA 91203-2609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Art & Antique Dealer	200.00	200.00	
11/09/2006	Mr. Carl Walker 3331 Oakmont View 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		200.00	200.00	
11/09/2006	Paul Wight 746 Avonglen Terrace Glendale, CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		198.00	198.00	
11/09/2006	Ms. Janelle Williams <i>2418 Honolulu Avenue Montrose CA 91020</i>	<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 \$				1,948.00		

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (cont.)

Statement covers period from <u>07/01/2006</u> through <u>12/31/2006</u>	CALIFORNIA FORM 460
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I.D. NUMBER 930080	

NAME OF FILER Mr. 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/09/2006	Ms. Janet Zargarian <i>3238 Honolulu Ave #106 La Crescenta, CA 91214</i>	<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	
11/09/2006	K. Zargarian 3238 Honolulu Ave. #106 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		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				
		<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 \$				200.00		

**Schedule B - Part 1
Loans Received**

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

Statement covers period		CALIFORNIA FORM 460
from	07/01/2006	
through	12/31/2006	Page <u>11</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mr. 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
† <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	\$ 1,650	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$	\$ 1,650 DATE DUE	0 % RATE	\$ 8,336	CALENDAR YEAR PER ELECTION** DATE INCURRED
† <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	\$	CALENDAR YEAR PER ELECTION** DATE INCURRED
† <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	\$	CALENDAR YEAR PER ELECTION** DATE INCURRED
SUBTOTALS \$			\$ 0	\$ 0	\$ 1,650	\$ 0		

Schedule B Summary

1. Loans received this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0
(May be a negative number)

(Enter (e) on
Schedule E, Line 3)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

† Contributor Codes
 IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

Statement covers period from <u>07/01/2006</u> through <u>12/31/2006</u>	CALIFORNIA FORM 460 Page <u>12</u> of <u>13</u>
I.D. NUMBER 930080	

NAME OF FILER Mr. 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)
12/12/2006	alco Printing, Inc. 3649 San Fernando Road Glendale, CA 91204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 remittance Envelopes, typesetting and printing	360.00	360.00	
11/13/2006 11/09/2006 11/09/2006 11/08/2006	Grigorian Enterprise Inc. 1606 West 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		Rentals 10 Valet attendants DJ 2 Security Guards	2,574.00 900.00 500.00 280.00	4,254.00	
	Grigorian Enterprise Inc. (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					

SUBTOTAL \$ 4,614.00

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 4,614.00
- 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** \$ 4,614.00

**Schedule E
Payments Made**

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2006</u>	
through <u>12/31/2006</u>	Page <u>13</u> of <u>13</u>
NAME OF FILER <u>Mr. David Weaver, Committee to elect David Weaver</u>	
I.D. NUMBER <u>930080</u>	

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)			AMOUNT PAID
	CODE	OR DESCRIPTION OF PAYMENT	
Kelly & Small CPAs LLP 3529 Ocean View Blvd Glendale, CA 91208	PRO		350.00
Patrick's Cafe 6720 San Fernando Rd. Glendale, CA 91201	FND		1,059.37
Statecraft, Inc. 8618 Nottingham Place La Jolla, 92037	OFC		395.00

SUBTOTAL \$ 1,804.37

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1,804.37
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.) TOTAL	\$ 1,804.37