

**Officeholder, Candidate,
and Controlled Committee
Campaign Statement – Long Form**
(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- Special Odd-Year Campaign Report
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period from <u>1 Jan 99</u> through <u>30 Jun 99</u>	Date Stamp <u>30 Jul 99 3:01</u>	-RECD CITY CLERK-	COVER PAGE – LONG FORM CALIFORNIA 1994 FORM 490
Date of election if applicable: (Month, Day, Year)	Page <u>1</u> of <u>3</u> For Official Use Only		ORIGINAL

**I Officeholder, Candidate, and Controlled Committee
Included in this Statement**

NAME OF OFFICEHOLDER OR CANDIDATE
David G. Weaver

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME I.D. NUMBER
David Weaver for City Council 930080

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Glendale CA 91206

NAME OF TREASURER
David G. Weaver

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 30 Jul 99 At Glendale CA By [Signature]
DATE CITY AND STATE SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the 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 30 Jul 99 At Glendale CA By [Signature]
DATE CITY AND STATE SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____ By _____
DATE CITY AND STATE SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____ By _____
DATE CITY AND STATE SIGNATURE OF CANDIDATE/OFFICEHOLDER

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

David G. Weaver

Statement covers period		CALIFORNIA 1994 FORM 490
from	1 Jan 99	
through	30 Jun 99	Page 2 of 3
		I.D. NUMBER 930080

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ 0	\$ 11,186	\$ 0
2. Loans Received Schedule B, Line 7	\$ 0	\$ 11,186	\$ 11,186
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0	\$ 11,186	\$ 11,186
4. Non-monetary Contributions Schedule C, Line 3	\$ 0	\$ 0	\$ 0
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	\$ 0	\$ 11,186	\$ 11,186
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	\$ 0	\$ 0	\$ 0
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6	\$ 0	\$ 11,186	\$ 11,186

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5	\$ 0	\$ 0	\$ 0
9. Loans Made Schedule H, Line 7	\$ 0	\$ 0	\$ 0
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9	\$ 0	\$ 0	\$ 0
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	\$ 0	\$ 0	\$ 0
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11	\$ 0	\$ 0	\$ 0

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17	\$ 1092
14. Cash Receipts Column A, Line 3 above	\$ 0
15. Miscellaneous Increases to Cash Schedule I, Line 4	\$ 0
16. Cash Payments Column A, Line 10 above	\$ 0
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16	\$ 1092
<i>If this is a termination statement, Line 17 must be zero.</i>	

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)	\$ 0
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Cash Equivalents and Outstanding Debts

19. Cash Equivalents See instructions on reverse	\$ 0
20. Outstanding Debts Add Line 2 + Line 11 in Column C above	\$ 0

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ 0	\$ 0
22. Expenditures Made	\$ 0	\$ 0

**Schedule B - Part III
Annual Report of Outstanding Loans Received**

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

SCHEDULE B - PART III

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

David G. Weaver

Statement covers period
from 1 Jan 99
through 30 Dec 99

CALIFORNIA
1994 FORM **490**

Page 3 of 3

I.D. NUMBER

930080

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
<i>Erlinda C. Weaver</i>	<i>30 May 97</i>	<i>4,886</i>	<i>4,866</i>	<i>0</i>
<i>David G. Weaver</i>	<i>Various</i>	<i>6,300</i>	<i>6,300</i>	<i>0</i>

Attach additional information on appropriately labeled continuation sheets.

TOTAL \$ 11,166

NOTE: This total should be
the same amount as entered
on the Summary Page,
Column C, Line 2.