

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 7

For Official Use Only

31 JAN 2001

-REC'D CITY CLERK-

Date Stamp

Statement covers period  
from 1 Jul 2000  
through 31 Dec 2000

Date of election if applicable:  
(Month, Day, Year)

\_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee: All Committees -- Complete Parts 1, 2, 3, and 7.**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><i>(Also Complete Part 4.)</i> | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 6.)</i> |
| <input type="checkbox"/> Ballot Measure Committee  | <input type="checkbox"/> General Purpose Committee   |
| <input type="radio"/> Primarily Formed   | <input type="radio"/> Sponsored  |
| <input type="radio"/> Controlled   | <input type="radio"/> Broad Based  |
| <input type="radio"/> Sponsored<br><i>(Also Complete Part 5.)</i>  |  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-election Statement           | <input type="checkbox"/> Quarterly Statement                                   |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                               |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |  |

**3. Committee Information**

I.D. NUMBER  
930080

COMMITTEE NAME

David Weaver for City Council  
STREET ADDRESS (NO P.O. BOX)

[REDACTED]  
CITY STATE ZIP CODE AREA CODE/PHONE

Glendale, CA 91206  
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

Erinda C. Weaver  
MAILING ADDRESS

[REDACTED]  
CITY STATE ZIP CODE AREA CODE/PHONE

Glendale, CA 91206  
NAME OF ASSISTANT TREASURER, IF ANY

David G. Weaver  
MAILING ADDRESS

[REDACTED]  
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 7

**4. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP \_\_\_\_\_

**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?  
 YES  NO \_\_\_\_\_

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE \_\_\_\_\_

**5. 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 \_\_\_\_\_

**6. Primarily Formed Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

Attach continuation sheets if necessary

**7. 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 31 Jan 2001  
DATE  
Executed on 31 Jan 2001  
DATE  
Executed on \_\_\_\_\_  
DATE  
Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER (Asst)  
By \_\_\_\_\_  
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

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>1 Jul 2000</u> through <u>31 Dec 2000</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>7</u>	I.D. NUMBER <u>930080</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

David Weaver

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>2,468</u>	\$ <u>0</u>	\$ <u>2,468</u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>2,468</u>	\$ <u>0</u>	\$ <u>2,468</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>321</u>	\$ <u>0</u>	\$ <u>321</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>2,789</u>	\$ <u>0</u>	\$ <u>2,789</u>

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>4,592</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>2,468</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>4,060</u>

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

\* 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), Loans Made (Line 7), and Accrued Expenses (Line 9).

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 1, Column (b)	\$ <u>0</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ <u>0</u>

## Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from 1 July 2000  
through 31 Dec 2000

CALIFORNIA  
FORM **460**

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

David Weaver

I.D. NUMBER

430680

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>7/12/00</u> <u>8/24/00</u>	<u>Robert &amp; Linda Benjamin</u> [REDACTED] <u>Glendale, CA 91202</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>Camelia III</u> <u>Piscotronics</u> <u>(Owner)</u>	<u>\$400</u>	<u>\$400</u>	
<u>8/21/00</u>	<u>William &amp; Gretchen Loftis</u> [REDACTED] <u>Bradbury, CA 91010</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>Phoenix</u> <u>Decorating</u> <u>(Owner)</u>	<u>\$200</u>	<u>\$200</u>	
<u>8/23/00</u>	<u>John &amp; Carol Cianfrini</u> [REDACTED] <u>Glendale, CA 91205</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>Crysti Cleaners</u> <u>(Owner)</u>	<u>\$100</u>	<u>\$100</u>	
<u>8/22/00</u>	<u>Royalty Planning &amp; Services</u> [REDACTED] <u>Glendale, CA 91206</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>Integrity</u> <u>Property</u> <u>Management</u> <u>(Owner)</u>	<u>\$100</u>	<u>\$100</u>	
<u>8/29/00</u>	<u>Charles Anderson</u> [REDACTED] <u>Glendale, CA 91206</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>Real Estate</u> <u>(self)</u>	<u>\$100</u>	<u>\$100</u>	

SUBTOTAL \$ 900

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 1,450
- Amount received this period - unitemized contributions of less than \$100 ..... \$ 1,018
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 2,468

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>1 Jul 2000</u> through <u>31 Dec 2000</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>7</u>
I.D. NUMBER <u>930080</u>	

NAME OF FILER

David Weaver

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>8/30/00</u>	<u>Carl Cassara</u> [REDACTED] <u>Glendale, CA 91208</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>Carsy-Warner Productions</u> (Set Dresser)	<u>\$100</u>	<u>\$100</u>	
<u>8/30/00</u>	<u>Kevin/Emma Salmasian</u> [REDACTED] <u>Glendale, CA 91207</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>Retired</u>	<u>\$100</u>	<u>\$100</u>	
<u>8/30/00</u>	<u>Scott Shaffer</u> [REDACTED] <u>Glendale, CA 91206</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>City Club</u> (president)	<u>\$250</u>	<u>\$250</u>	
<u>9/6/00</u>	<u>Gordon &amp; Kathleen Munro</u> [REDACTED] <u>Glendale, CA 91207</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>High Technology Video</u> (owner)	<u>\$100</u>	<u>\$100</u>	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

**SUBTOTAL \$** 550

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 OTH - Other

**Schedule B - Part 3**  
**Annual Report of Outstanding Loans Received**

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

SCHEDULE B - PART 3

CALIFORNIA FORM **460**

Statement covers period  
 from 1 Jul 2000  
 through 31 Dec 2000

Page 6 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

David Weaver

I.D. NUMBER

930080

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

Attach additional information on appropriately labeled continuation sheets.

TOTAL \$ 11,186

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

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>1 Jul 2000</u> through <u>31 Dec 2000</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>7</u>
I.D. NUMBER <u>930080</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

David Weaver

DATE RECEIVED	FULL NAME, MAILING 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	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>30 Aug 2000</u>	<u>Chuy's</u> [REDACTED] <u>Glendale, CA 91205</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>Ted Hatch (owner)</u>	<u>Food</u>	<u>\$150</u>	<u>\$150</u>	
	<u>Joselito's</u> [REDACTED] <u>Montrose, CA 91026</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>Restaurant</u>	<u>Food</u>	<u>\$171</u>	<u>\$171</u>	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 321

**Schedule C Summary**

- Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 321
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- 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 \$ 321

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other