CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

(CG) **COVER PAGE**

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2015 OCT 13 PM 3:19

Date Initial Filing Received (Official Use Only)

NAME OF FILER (LAST) WEAVER (FIRST) David (MIDDLE) Gerhardt

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)* City of Glendale

Division, Board, Department, District, if applicable

Your Position City Council Mem.

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: Orangeline Development Position: Alternate

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☒ Multi-County Los Angeles
- ☒ City of Glendale
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of
- ☐ Other

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2014, through December 31, 2014.

-or-

The period covered is ___/___/___, through December 31, 2014.

☐ **Assuming Office:** Date assumed ___/___/___

☐ **Leaving Office:** Date Left ___/___/___ *(Check one)*

○ The period covered is January 1, 2014, through the date of leaving office.

○ The period covered is ___/___/___, through the date of leaving office.

☐ **Candidate:** Election year ___ and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 1

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

[redacted]

I certify und[redacted] the State of California th[redacted]

Date Signed [redacted] Signat[redacted]

(c)(1)

FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

TN

CITY CLERK
2015 MAR 11 AM 10:40

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST): Weaver (FIRST): David (MIDDLE): Gerhardt

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: City of Glendale

Division, Board, Department, District, if applicable:

Your Position: Councilman

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of Glendale
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☒ County of Los Angeles
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☑ **Annual:** The period covered is January 1, 2014, through December 31, 2014.
  -or-
  The period covered is ___/___/_____, through December 31, 2014.
- ☐ **Assuming Office:** Date assumed ___/___/_____
- ☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ___/___/_____ *(Check one)*
  - ○ The period covered is January 1, 2014, through the date of leaving office.
  - ○ The period covered is ___/___/_____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 1

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
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- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☑ **None** - *No reportable interests on any schedule*

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herein and in any attached schedules is true and complete. I acknowledge this is a p

I certify under penalty of perjury under the laws of the State of California that th

(c)(1)

Date Signed 3/11/15 (month, day, year)

Signature