Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period	**Date of election if applicable:** (Month, Day, Year)
from __July 1, 2012__	
through __Dec. 31, 2012__	

Date Stamp

SAN BUENA VENTURA CITY CLERK

Page __1__ of __5__

For Official Use Only

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1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☑ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
  (Also Complete Part 5)
- ☐ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
  (Also Complete Part 6)
- ☐ Primarily Formed Candidate/ Officeholder Committee
  (Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
- ☑ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)

- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Preelection Statement - Attach Form 495

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3. Committee Information

I.D. NUMBER 1258082

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Christy Weir for City Council, 2011

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ventura	CA	93001	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

christy@christyweir.com

Treasurer(s)

NAME OF TREASURER

Tim Weir

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ventura	CA	93001	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

titoweir@gmail,com

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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 __January 29, 2013__
Date

By _____
Signature of Treasurer or Assistant Treasurer

Executed on __January 29, 2013__
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

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

Christy A. Weir

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

Ventura City Council

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

███████████████   Ventura,   CA 93001

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or 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

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

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 *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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period	CALIFORNIA FORM 460
from __July 1, 2012__	
through __Dec. 31, 2012__	Page __3__ of __5__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Christy Weir for City Council, 2011

I.D. NUMBER
1258082

Contributions Received

			Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1.	Monetary Contributions	Schedule A, Line 3	$ 300	$ 300
2.	Loans Received	Schedule B, Line 3	0	0
3.	SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 300	$ 300
4.	Nonmonetary Contributions	Schedule C, Line 3	0	0
5.	TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 300	$ 300

Expenditures Made

6.	Payments Made	Schedule E, Line 4	$ 0	$ 215
7.	Loans Made	Schedule H, Line 3	-700	0
8.	SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ -700	$ 215
9.	Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10.	Nonmonetary Adjustment	Schedule C, Line 3	0	0
11.	TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ -700	$ 215

Current Cash Statement

12.	Beginning Cash Balance	Previous Summary Page, Line 16	$ 50.24
13.	Cash Receipts	Column A, Line 3 above	300.00
14.	Miscellaneous Increases to Cash	Schedule I, Line 4	0
15.	Cash Payments	Column A, Line 8 above	-700.00
16.	**ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 1050.24

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

17.	LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ 0

Cash Equivalents and Outstanding Debts

18.	Cash Equivalents	See instructions on reverse	$ 0
19.	Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 0

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).

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	$	$

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
___/___/___	$
___/___/___	$

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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A
Monetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period		SCHEDULE A
from July 1, 2012		CALIFORNIA FORM **460**
through Dec. 31, 2012	Page 4 of 5	

NAME OF FILER

Christy Weir for City Council, 2011

I.D. NUMBER

1258082

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)
12/30/2012	Christy Weir for Supervisor 2012 ███████████	☐IND ☑COM ☐OTH ☐PTY ☐SCC	Committee ID 1344561	300.00	300.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				

SUBTOTAL $

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .... $ 300.00

2. Amount received this period – unitemized monetary contributions of less than $100 .... $ 0

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .... **TOTAL** $ 300.00

*Contributor Codes

IND – Individual
COM – Recipient Committee
    (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule H
Loans Made to Others*

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period		
from	July 1, 2012	CALIFORNIA FORM **460**
through	Dec. 31, 2012	Page __5__ of __5__

NAME OF FILER

Christy Weir for City Council, 2011

I.D. NUMBER

1258082

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
Christy Weir for Supervisor 2012 ID# 1344561 ⬛		$ 700.00	$ _____	☑ PAID $ 700.00 $ _____	$ 0 DATE DUE _____	0 % RATE $ _____	$ 700.00 1/18/12 DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
		$ _____	$ _____	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ _____ DATE DUE _____	_____% RATE $ _____	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

SUBTOTALS	$ 0	$ 700	$ 0	$ 0

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

Schedule H Summary

1. Loans made this period .... $ _____ 0
   (Total Column (b) plus unitemized loans of less than $100.)

2. Payments received on loans .... $ _____ 700.00
   (Total Column (c) plus unitemized payments of less than $100.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) .... NET $ _____ -700
   (Enter the net here and on the Summary Page, Column A, Line 7.)   (May be a negative number)

**If Required