Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA FORM **460**

Statement covers period	Date of election if applicable: (Month, Day, Year)	Page ___1___ of ___5___
from _____January 1, 2012_____		For Official Use Only
through _____June 30, 2012_____		

SEE INSTRUCTIONS ON REVERSE

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

_____

_____

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

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
titoweir@gmail.com

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 _____July 30, 2012_____   By _____
Date   Signature of Treasurer or Assistant Treasurer

Executed on _____July 30, 2012_____   By _____
Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____   By _____
Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____   By _____
Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Christy Weir

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

Ventura City Council

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

████████████████████████████████████

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.

Statement covers period	CALIFORNIA FORM **460**
from __January 1, 2012__	
through __June 30, 2012__	Page __3__ of __5__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER	I.D. NUMBER
Christy Weir for City Council, 2011	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	$ 0	$ 0
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 0	$ 0
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 0	$ 0

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	$ 215	$ 215
7. Loans Made	Schedule H, Line 3	700	700
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 915.00	$ 915.00
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	$ 915.00	$ 915.00

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	$ 965.24
13. Cash Receipts	Column A, Line 3 above	0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	915.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 50.24

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

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

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

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

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Schedule E
Payments Made

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

Statement covers period	CALIFORNIA FORM **460**
from ___ January 1, 2012	
through ___ June 30, 2012	Page ___ of ___ 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Christy Weir for City Council, 2011

I.D. NUMBER

1258082

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
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Santa Cruz Island Foundation ███████████	CVC			165.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 165

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$	165.00
2. Unitemized payments made this period of under $100	$	50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL $	215.00

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Schedule H
Loans Made to Others*

Type or print in ink.
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to whole dollars.

Statement covers period	CALIFORNIA FORM **460**
from __January 1, 2012__	
through __June 30, 2012__	Page __5__ of __5__

SEE INSTRUCTIONS ON REVERSE

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 ████████		$ ___0___	$ __700.00__	☐ PAID $ ___0___ ☐ FORGIVEN $ ___0___	$ __700__ NA DATE DUE	__0__ % RATE $ _____	$ __700.00__ DATE INCURRED	CALENDAR YEAR $ __700.00__ 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 | $ 700 | $ 0 | $ 700.00 | | $ 0 | | |

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

Schedule H Summary

1. Loans made this period .... $ __700.00__
   (Total Column (b) plus unitemized loans of less than $100.)

2. Payments received on loans .... $ __0__
   (Total Column (c) plus unitemized payments of less than $100.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) .... NET $ __700.00__
   (Enter the net here and on the Summary Page, Column A, Line 7.) (May be a negative number)

**If Required