# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

| Statement covers period | Date of election if applicable: (Month, Day, Year) |
|---|---|
| from **July 1, 2009** | |
| through **Dec. 31, 2009** | |

Date Stamp

SAN BUENA VENTURA CITY CLERK

'10 FEB -1 P 1:08

**CALIFORNIA FORM 460**

Page __1__ of __3__

For Official Use Only

## 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

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Ventura | CA | 93001 | 805-648-3008 |

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 | 805-648-3008 |

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 __January 31, 2009__ By _____
Date   Signature of Treasurer or Assistant Treasurer

Executed on __January 31, 2009__ 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

FPPC Form 460 (January/05)
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

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 |
| | | ☐ SUPPORT ☐ OPPOSE |
| | | ☐ SUPPORT ☐ OPPOSE |
| | | ☐ 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 __July 1, 2009__ | |
| through __Dec. 31, 2009__ | Page __3__ of __3__ |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Christy Weir for City Council

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 | $ 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 |

## Expenditures Made

| | | | Column A | Column B |
|---|---|---|---|---|
| 6. | Payments Made | Schedule E, Line 4 | $ 0 | $ 0 |
| 7. | Loans Made | Schedule H, Line 3 | 0 | 0 |
| 8. | SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $ 0 | $ 0 |
| 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 | $ 0 | $ 0 |

## Current Cash Statement

| | | | |
|---|---|---|---|
| 12. | Beginning Cash Balance | Previous Summary Page, Line 16 | $ 1884 |
| 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 | 0 |
| 16. | ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | $ 1884 |

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

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).

| | | | |
|---|---|---|---|
| 17. | LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | $ |

## Cash Equivalents and Outstanding Debts

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

## 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.

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