

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

|  |  |
|--|--|
| Date Stamp<br><br>RECEIVED<br><br>2012 JUL 24 P 3:30 | <b>CALIFORNIA FORM 460</b>                         |
|  | Page <u>1</u> of <u>4</u><br>For Official Use Only |

|   |   |
|---|---|
| Statement covers period<br>from <u>1/1/2012</u><br>through <u>6/30/2012</u> | Date of election If applicable:<br>(Month, Day, Year)<br><u>11/02/210</u> |
|---|---|

SEE INSTRUCTIONS ON REVERSE

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br>(Also Complete Part 5)<br><br><input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br>(Also Complete Part 6)<br><br><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br>(Also Complete Part 7) |
|--|---|

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement<br><input checked="" type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination)<br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|

**3. Committee Information**

I.D. NUMBER  
**1288340**

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

Weinberg for Dana Point City Council-2010

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

**Treasurer(s)**

NAME OF TREASURER

Steven Weinberg

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

**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 7/24/2012  
Date

Executed on 7/24/2012  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
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

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

Type or print in Ink.

COVER PAGE - PART 2

|                            |            |
|----------------------------|------------|
| <b>CALIFORNIA<br/>FORM</b> | <b>460</b> |
| Page <u>2</u> of <u>4</u>  |            |

**5. Officeholder or Candidate Controlled Committee**

|  |      |       |     |  |
|--|------|-------|-----|--|
| NAME OF OFFICEHOLDER OR CANDIDATE  |      |       |     |  |
| Steven Weinberg  |      |       |     |  |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) |      |       |     |  |
| Dana Point 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  |
|                   | 1288340  |
| NAME OF TREASURER | CONTROLLED COMMITTEE?                                    |
|                   | <input type="checkbox"/> YES <input type="checkbox"/> 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?                                    |
|                   | <input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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  
from 1/1/2012  
through 6/30/2012

**CALIFORNIA FORM 460**

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER  
1288340

**Contributions Received**

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

**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**

|   |              |          |
|---|--------------|----------|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>58</u> | \$ _____ |
| 7. Loans Made ..... Schedule H, Line 3                      | _____        | _____    |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>58</u> | \$ _____ |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | _____        | _____    |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | _____        | _____    |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>58</u> | \$ _____ |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |               |
|---|---------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>453</u> |
| 13. Cash Receipts ..... Column A, Line 3 above                              | _____         |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | _____         |
| 15. Cash Payments ..... Column A, Line 8 above                              | _____         |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>395</u> |

*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).

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

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 | \$ _____ |

**Schedule E  
Payments Made**

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

SCHEDULE E

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>1/1/2012</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>6/30/2012</u>                        |                                |
| Page <u>4</u> of <u>4</u>                       | I.D. NUMBER<br>1288340         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**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 airline 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 airline 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

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

**SUBTOTAL \$**

**Schedule E Summary**

|  |                 |          |
|--|-----------------|----------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$              | _____    |
| 2. Unitemized payments made this period of under \$100 .....   | \$              | _____ 58 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$              | _____    |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$</b> | _____ 58 |