

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

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CALIFORNIA FORM 460

Page 1 of 3

For Official Use Only

Statement covers period from 1/1/2010 through 6/30/2010

Date of election if applicable: (Month, Day, Year)

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
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement

3. Committee Information

I.D. NUMBER

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

FRIENDS OF MIKE IOAKIMEDES

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
BENICIA CA 94510

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

KATHLEEN GRIFFIN

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
BENICIA CA 94510

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 7/30/10
Executed on 7/30/10
Executed on
Executed on

By Treasurer or Assistant Treasurer
By 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.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
MIKE IOAKIMEDES

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1 BENICIA CA 04510

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? <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 <input type="checkbox"/> OPPOSE
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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
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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 <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <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

CALIFORNIA FORM 460

Page 3 of 3

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MIKE IOAKIMEDES

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions	Schedule A, Line 3	\$	<u>00.00</u>
2. Loans Received	Schedule B, Line 3		<u> </u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$	<u> </u>
4. Nonmonetary Contributions	Schedule C, Line 3		<u> </u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$	<u>00.00</u>

**Summary for Candidates
with the State Primary and
Elections**

1/1 through 6/30 7/1 to Date

\$	<u>NONE</u>	\$	<u> </u>
\$	<u>NONE</u>	\$	<u> </u>

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$	<u>00.00</u>
7. Loans Made	Schedule H, Line 3		<u> </u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	<u> </u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		<u> </u>
10. Nonmonetary Adjustment	Schedule C, Line 3		<u> </u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$	<u>00.00</u>

Limit Summary for State

Cumulative Expenditures Made*
(Subject to Voluntary Expenditure Limit)

on	Total to Date
)	
\$	\$ <u> </u>
\$	\$ <u> </u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$	<u>113.32</u>
13. Cash Receipts	Column A, Line 3 above		<u> </u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4		<u> </u>
15. Cash Payments	Column A, Line 8 above		<u> </u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$	<u>113.32</u>

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$	<u>00.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$	<u>00.00</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$	<u>00.00</u>

action may be different from amounts
in B.