

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COPY Type or print in ink.

COVER PAGE

| | |
|--|--|
| Date Stamp FEB 13 2013 CITY CLERK'S OFFICE CITY OF BENICIA | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>4</u> For Official Use Only |

Statement covers period
 from 7/1/12
 through 12/31/12

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
(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
1279216

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Benicians for Mark Hughes Council 2009

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
Pam Moltoza

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 1/21/13 Date
 Executed on 1/25/13 Date
 Executed on _____ Date
 Executed on _____ Date

By [Signature] Assistant Treasurer
 By _____ Signature of Controlling Officer, 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

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

5. Officeholder or Candidate Controlled Committee

| | | | | |
|--|--|---------|-------|-------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | | |
| Mark Hughes | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | | | |
| City Council Member | | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | | CITY | STATE | ZIP |
| | | Benicia | CA | 94510 |

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 |
| 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 <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

| | |
|--|----------------------------|
| Statement covers period from <u>7/1/12</u> through <u>12/31/12</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>4</u> |
| | I.D. NUMBER 1279216 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Hughes

Contributions Received

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

**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 | \$ <u>n/a</u> | \$ <u>n/a</u> |
| 21. Expenditures Made | \$ <u>n/a</u> | \$ <u>n/a</u> |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ <u>84.00</u> | \$ <u>168.00</u> |
| 7. Loans Made Schedule H, Line 3 | <u>0</u> | <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>84.00</u> | \$ <u>168.00</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | <u>0</u> | <u>0</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | <u>0</u> | <u>0</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>84.00</u> | \$ <u>168.00</u> |

**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 |
|---|--------------------------------|
| <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |

Current Cash Statement

| | |
|---|------------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>436.00</u> |
| 13. Cash Receipts Column A, Line 3 above | <u>0</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | <u>0</u> |
| 15. Cash Payments Column A, Line 8 above | <u>84.00</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>352.00</u> |

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.

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ n/a

Cash Equivalents and Outstanding Debts

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

**Schedule E
Payments Made**

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

| | | | |
|-------------------------|----------|-------------------------------|---------|
| Statement covers period | | CALIFORNIA FORM 460 | |
| from | 7/1/12 | Page | 4 of 4 |
| through | 12/31/12 | I.D. NUMBER | 1279216 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Hughes

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 |
|---|---------|------------------------|-------------|
| | | | |
| | | | |
| | | | |

* 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.) | \$ | 0 |
| 2. Unitemized payments made this period of under \$100 | \$ | 84.00 |
| 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 \$ | 84.00 |