

S-9-01 Confirmed for  
 S. Mounce sent original  
 to Council Office

**Statement of Organization  
 Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or List I.D. number: # \_\_\_\_\_  
 Date qualified as committee: 04, 30, 01 Date qualified as committee (if applicable): \_\_\_\_\_  
 Date of Termination: \_\_\_\_\_

(Date Stamp)  
 MAY - 3 2001  
 CITY CLERK  
 CITY OF LODI

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
Friends of JoAnne Mounce  
 a candidate for Lodi Council

STREET ADDRESS (NO P.O. BOX)  
437 E. ELM STREET

CITY STATE ZIP CODE AREA CODE/PHONE  
Lodi CA 95240 209.333.2814

MAILING ADDRESS (IF DIFFERENT)  
n/a

OPTIONAL: FAX/E-MAIL ADDRESS  
Jmounce @ Lodicitycouncil.com

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE  
San Joaquin

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Jane Lea

STREET ADDRESS  
1931 HOLLY DRIVE

CITY STATE ZIP CODE AREA CODE/PHONE  
Lodi CA 95241 209.339.8607

NAME OF ASSISTANT TREASURER, IF ANY  
n/a

STREET ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE \_\_\_\_\_

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE  
n/a

MAILING ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE \_\_\_\_\_

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 04.30.01  
 DATE

Executed on 04.30.01  
 DATE

Executed on \_\_\_\_\_  
 DATE

Executed on \_\_\_\_\_  
 DATE

By Jane Lea  
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By JoAnne Mounce  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

STATEMENT OF ORGANIZATION

**CALIFORNIA FORM 410**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

I.D. NUMBER

Friends OF JoAnne Mounce

**4. Type of Committee** Complete the applicable sections

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
JoAnne Mounce	Lodi City Council	2001	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Bank of The West	800-488-2265	171003585
ADDRESS	CITY	STATE ZIP CODE
229 South Church Street	Lodi	CA 95240

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

	SUPPORT	OPPOSE

Statement of Organization  
Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Friends of JoAnne Mounce

Page 3

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- CITY Committee
- COUNTY Committee
- STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Small Contributor Committee

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.