

Recipient Committee  
Campaign Statement

(Government Code Sections 17207.2(a), 17207.3)

Type or print in ink.

COVER PAGE

**REVIEWED BY**  
\_\_\_\_\_  
City Clerk/Dep. City Clerk  
Date \_\_\_\_\_

Statement covers period  
from 01-01-01  
through 06-30-01

Date of election if applicable:  
(Month, Day, Year)  
11.05.02

Date Stamp  
**RECEIVED**  
JUL 26 2001  
City Clerk  
City of Lodi

**CALIFORNIA FORM 460**  
Page 1 of 5  
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

- Officeholder, Candidate Controlled Committee (Also Complete Part 4.)
- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored (Also Complete Part 5.)

- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 6.)
- General Purpose Committee
  - Sponsored
  - Broad Based

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)

- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER  
1234928

COMMITTEE NAME  
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) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Jmounce@lodicitycouncil.com

Treasurer(s)

NAME OF TREASURER  
Constance Zweifel

MAILING ADDRESS  
435 E. ELM street

CITY STATE ZIP CODE AREA CODE/PHONE  
Lodi CA 95240 209.367-1867

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

Page 2 of 5

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
JoAnne L. Mounce

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
City OF Lodi : City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
437 E. ELM Street Lodi CA 95240

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME <u>Friends OF JoAnne Mounce</u>	I.D. NUMBER <u>1234928</u>
NAME OF TREASURER <u>Constance Zweifel</u>	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS <u>437 E ELM Street</u>	
CITY <u>Lodi</u>	STATE <u>CA</u>
ZIP CODE <u>95240</u>	AREA CODE/PHONE <u>209.333.2814</u>

5. 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
-----------------------	---------------------

6. Primarily Formed 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

Attach continuation sheets if necessary

7. 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 07/20/01  
DATE

Executed on 07-20-01  
DATE

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

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

By Constance Zweifel  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By JoAnne L. Mounce  
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

Campaign Disclosure Statement  
Summary Page

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

SUMMARY PAGE

Statement covers period from <u>01-01-01</u> through <u>06-30-01</u>		<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>5</u>		
NAME OF FILER <u>Friends of JoAnne Mounce</u>		I.D. NUMBER <u>1234928</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Friends of JoAnne Mounce

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>156</u>	\$ _____	\$ <u>156</u>
2. Loans Received ..... <i>Schedule B, Line 7</i>	_____	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>156.</u>	\$ _____	\$ <u>156</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	<u>2,577.</u>	_____	<u>2,577</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>2,733.</u>	\$ _____	\$ <u>2,733</u>

Expenditures Made

6. Payments Made ..... <i>Schedule E, Line 4</i>	\$ <u>0</u>	\$ _____	\$ _____
7. Loans Made ..... <i>Schedule H, Line 7</i>	_____	_____	_____
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>0</u>	\$ _____	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	_____	_____	_____
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>2,577</u>	_____	<u>2,577</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>0</u>	\$ _____	\$ <u>0</u>

Current Cash Statement

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ _____
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>156.</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	_____
15. Cash Payments ..... <i>Column A, Line 8 above</i>	_____
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>156</u>

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

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received .....	\$ _____	_____
21. Expenditures Made .....	\$ _____	_____

Cash Equivalents and Outstanding Debts

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

Schedule A  
Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>01-01-01</u> through <u>06-30-01</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>5</u>
I.D. NUMBER <u>1234928</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of JoAnne Mounce

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$

Schedule A Summary

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 156.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 156.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

Schedule C  
Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>01-01-01</u> through <u>06-30-01</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>5</u>
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Friends of JoAnne Mounce

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
04.30. 2001	Daniel Holden 1931 HOLLY drive Lodi CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Web services: Intranet Development for small Businesses	web SITE ; Hosting services	1990-		
04.30. 2001	Jane Lea 1931 HOLLY DRIVE Lodi CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Instructor for Job Corp: Job Corp	T-shirts w/ Logo : T-Ball Team Sponsorship	279 -		
04.30. 2001	JoAnne Mounce 437 E ELM Lodi CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	SELF EMPLOYED JoAnne's Bookkeeping	T-Ball Team Sponsorship	135-		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2,404

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 2,404
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 173
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL \$ 2,577

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other