

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	<b>CALIFORNIA</b> 2001/02 <b>FORM</b>	<b>460</b>
	Page <u>1</u> of <u>6</u>	
For Official Use Only		

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>10-20-02</u>	
through <u>12-31-02</u>	<u>11-05-02</u>

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER

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

Friends of JoAnne Mounce  
a candidate for Lodi City Council

STREET ADDRESS (NO P.O. BOX)

437 E ELM

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 209.367.1807

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 01-27-03  
Date

Executed on 01-27-03  
Date

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

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

By Constance Zweifel  
Signature of Treasurer or Assistant Treasurer

By JoAnne 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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM <b>460</b>	
Page <u>7</u> of <u>6</u>	

**5. 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 Lodi CA 95240

**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 <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 STREET ADDRESS (NO P.O. BOX) <u>437 E ELM</u>	
CITY <u>Lodi</u>	STATE <u>CA</u>
ZIP CODE <u>95240</u>	AREA CODE/PHONE <u>209.333.2814</u>

COMMITTEE NAME <u>n/a</u>	I.D. NUMBER <u>-</u>
NAME OF TREASURER <u>-</u>	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) <u>-</u>	
CITY <u>-</u>	STATE <u>-</u>
ZIP CODE <u>-</u>	AREA CODE/PHONE <u>-</u>

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE  
-

BALLOT NO. OR LETTER <u>-</u>	JURISDICTION <u>-</u>	<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 <u>-</u>	DISTRICT NO. IF ANY <u>-</u>
-----------------------------------	---------------------------------

**7. Primarily Formed Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE <u>-</u>	OFFICE SOUGHT OR HELD <u>-</u>	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE <u>-</u>	OFFICE SOUGHT OR HELD <u>-</u>	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE <u>-</u>	OFFICE SOUGHT OR HELD <u>-</u>	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE <u>-</u>	OFFICE SOUGHT OR HELD <u>-</u>	<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>10-20-02</u> through <u>12-31-02</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>6</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 CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>695.00</u>	\$ <u>5630.61</u>
2. Loans Received ..... Schedule B, Line 7	<u>.00</u>	<u>.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>695.00</u>	\$ <u>5630.61</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>.00</u>	<u>8917.15</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>695.00</u>	\$ <u>14,547.76</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>1073.50</u>	\$ <u>5,630.61</u>
7. Loans Made ..... Schedule H, Line 7	<u>.00</u>	<u>.00</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>1073.50</u>	\$ <u>5,630.61</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>.00</u>	<u>.00</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>.00</u>	<u>.00</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>1073.50</u>	\$ <u>5,630.61</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
<del>    /    /    </del>	<del>\$ _____</del>
<del>    /    /    </del>	<del>\$ _____</del>
<del>    /    /    </del>	<del>\$ _____</del>
<del>    /    /    </del>	<del>\$ _____</del>
<del>    /    /    </del>	<del>\$ _____</del>
<del>    /    /    </del>	<del>\$ _____</del>
<del>    /    /    </del>	<del>\$ _____</del>

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>378.50</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>695.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>.00</u>
15. Cash Payments ..... Column A, Line 8 above	<u>1073.50</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>.00</u>

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ .00

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ <u>.00</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>.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).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10-20-02</u> through <u>12-31-02</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>Friends of JoAnne Mounce</u>	I.D. NUMBER <u>1234928</u>
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DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
10-30-02	Betty Gates 540 E Harney Lodi CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	100.00	789.75	n/a
10.30.02	Anthony Canton 1014 S. Church Lodi CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	100.00	100.00	n/a
10-30-02	Rod Zeigenhagel P.O. Box 141 Stevenson CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	R.N. Turlock Hospital	100.00	100.00	n/a
11-07	BIPAC OF Delta 1441 Robinhood Stockton CA 95206	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAC Committee	100.00	100.00	n/a
12-01	City of Lodi - Refund Box 3006 Lodi CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Refund of Filing Fees	100.00	100.00	n/a

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 600.00
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 95.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 695.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>10-20-02</u> through <u>12-31-02</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>6</u>
	I.D. NUMBER <u>1234928</u>

NAME OF FILER

Friends of JoAnne Mounce

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
11-14	Electrical Union 4900 Hopyard Road Pleasanton CA 94588	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pac Committee	100.00	100.00	n/a
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$** 100.00

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule E  
Payments Made**

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

SCHEDULEE

Statement covers period from <u>10-20-02</u> through <u>12-31-02</u>	<b>CALIFORNIA FORM 460</b>
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	I.D. NUMBER <u>1234928</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of JoAnne Mounce

**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
AL Kramp 1707 EL Pinal: Stockton 95205	POS	mailers and Thank Postage: You CARDS	210.02
Lodi news 125 Church: Lodi 95240	PRT	Print ads	485.60

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$ <u>695.62</u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>377.88</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ <u>.00</u>
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> <u>1073.50</u>