

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED 004 NOV 15 AM 10:34 CITY CLERK CITY OF LODI	CALIFORNIA 460 2001/02 FORM
	Page <u>1</u> of <u>10</u> For Official Use Only

Statement covers period from <u>10-01-04</u> through <u>10-16-04</u>	Date of election if applicable: (Month, Day, Year) <u>11-02-04</u>
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SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

to correct prior filing

3. Committee Information

I.D. NUMBER
1267403

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

Friends of JoAnne Mounce

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

Treasurer(s)

NAME OF TREASURER

Constance Zweifel

MAILING ADDRESS

435 E. Elm

CITY STATE ZIP CODE AREA CODE/PHONE
Lodi CA 95240 209.333.1807

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 11-14-04
Date

Executed on 11-15-04
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 460
Page 2 of 10

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

JoAnne Mounce

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

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

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. 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
-----------------------------------	-----------------------	---

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>10-01-04</u> through <u>10-16-04</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>10</u>	I.D. NUMBER <u>1267403</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>2,989.00</u>	\$ <u>9,963.99</u>
2. Loans Received Schedule B, Line 7	\$ <u>(652.00)</u>	\$ <u>3,500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>2,337.00</u>	\$ <u>13,463.99</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>1,852.41</u>	\$ <u>4,505.14</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>4,189.41</u>	\$ <u>17,969.13</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>—</u>	\$ <u>—</u>
21. Expenditures Made	\$ <u>—</u>	\$ <u>—</u>

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ <u>2,953.20</u>	\$ <u>7,795.21</u>
7. Loans Made Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>2,953.20</u>	\$ <u>7,795.21</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>2,953.20</u>	\$ <u>7,795.21</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>
<u> / / </u>	\$ <u>—</u>
<u> / / </u>	\$ <u>—</u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>2,132.98</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>2,337.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>2,953.20</u>
15. Cash Payments Column A, Line 8 above	\$ <u>2,953.20</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1,516.78</u>

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

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).

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>

*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 10-01-04
through 10-16-04

CALIFORNIA FORM 460

Page 4 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of JoAnne Mounce

I.D. NUMBER

1267403

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)
10-07-04	AFSCME Local 146 555 Capital Mall #1225 Sacto, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	500.00	500.00	-
10.07.04	Good Earth Farms PO. Box 2696 Lodi CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	100.00	100.00	-
10.07.04	CAIIF. Real Estate Borfac 525 S. Virgil Ave. LA CA 90020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	250.00	250.00	-
10.07.04	Frank Alegre Sr. 2000 Edgewood Lodi CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner of Alegre Trucking	300.00	300.00	-
10.11.04	Robert Hunnell 115 N. Orange Ave 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	-

SUBTOTALS 1,250.00

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,750.00
- Amount received this period – unitemized contributions of less than \$100 \$ 1,239.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$ 2,989.00

*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>10-01-04</u> through <u>10-16-04</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>10</u>
	I.D. NUMBER <u>1267403</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)
10.11.04	Jim & Annette murdaca 1135 Rivergate Dr. Lodi CA 95240-0545	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner of Pietros	500.00	500.00	—
—	—	<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 \$ 500.00

*Contributor Codes

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

**Schedule B - Part 1
Loans Received**

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

Statement covers period
from 10-01-04
through 10-16-04

CALIFORNIA FORM 460

Page 6 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Friends of JoAnne Mounce

I.D. NUMBER: 1267403

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
JoAnne Mounce 437 E Elm Lodi CA 95240 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner of JoAnne's Bookkeeping	\$ 2000-	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 2000- 11-04-04 DATE DUE	0% RATE	\$ 2000- 09.13.04 DATE INCURRED	CALENDAR YEAR \$ - PER ELECTION** \$ -
Brian O'neal 1272 Moor Park #2 Studio City, CA <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner of Home Run Entertainment	\$ 352-	\$ 0	<input checked="" type="checkbox"/> PAID \$ 352- <input type="checkbox"/> FORGIVEN \$ 0	\$ 0 DATE DUE	0% RATE	\$ 352- 09.11.04 DATE INCURRED	CALENDAR YEAR \$ - PER ELECTION** \$ -
Patrick Rivera 128 Duranzo Aisle Irvine, CA 92606 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner of Factor X Production	\$ 1,800-	\$ 0	<input checked="" type="checkbox"/> PAID \$ 300- <input type="checkbox"/> FORGIVEN \$ 0	\$ 1,500- 11.11.04 DATE DUE	0% RATE	\$ 1,800- 09.11.04 DATE INCURRED	CALENDAR YEAR \$ - PER ELECTION** \$ -

SUBTOTALS \$ 0 \$ 652.00 \$ 3,500.00 \$ 0

Schedule B Summary

1. Loans received this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period \$ 652.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ (652.00)
(May be a negative number)
- Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on
Schedule E, Line 3)

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

† Contributor Codes

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

**Schedule B - Part 2
Loan Guarantors**

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

Statement covers period
from 10.01.04
through 10.16.04

CALIFORNIA FORM 460

Page 7 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of JoAnne Mounce

I.D. NUMBER

1267403

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
JoAnne Mounce 437 E Elm Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner of JoAnne's Bookkeeping	LENDER <u>SELF</u> DATE <u>09.13.04</u>	∅	CALENDAR YEAR \$ <u>2,000-</u> PER ELECTION (IF REQUIRED) \$ <u>∅</u>	2,000-
Patrick Rivera 128 Duranzo Aisle Irvine, CA 92606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner of Factor X Productions	LENDER <u>Friend</u> DATE <u>09.11.04</u>	∅	CALENDAR YEAR \$ <u>1,800-</u> PER ELECTION (IF REQUIRED) \$ <u>∅</u>	1,500-
-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	LENDER _____ DATE _____	-	CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	-
-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	LENDER _____ DATE _____	-	CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	-

SUBTOTAL \$

∅

Enter on
Summary Page,
Line 17 only.

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period
from 10-01-04
through 10-16-04

CALIFORNIA
FORM 460

Page 8 of 10

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends OF JoAnne Mounce

I.D. NUMBER
1267403

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10-01-04	Brian O'Neal 1272 Moor Park #2 Studio City, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner OF Home Run Entertainment	Production OF Commercial	1,500-	2,185.34	-
10-16-04	JoAnne Mounce 437 E ELM Lodi CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner OF JoAnne's Bookkeeping	Meals for volunteers, Donations, office Supplies	302.41	742.73	-
-	-	<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	-	-	-	-	-

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 1,802.41
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 50.00
- 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 \$** 1,852.41

*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.

SCHEDULE E

Statement covers period from <u>10-01-04</u> through <u>10-16-04</u>	CALIFORNIA FORM 460
Page <u>9</u> of <u>10</u>	I.D. NUMBER <u>1267403</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
Lodi News Sentinel Box 1360 - Lodi CA 95241	PRT	Print media	650 -
Kludt & Sons 1126 E Pine . Lodi CA 95240	TRC	Travel Expenses	119.93
Staples 2415 W. Kettleman. Lodi CA 95242	CMP	Printing	329.70

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

SUBTOTAL \$ 1,099.63

Schedule E Summary

- | | |
|--|--------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ <u>2,685.63</u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u>267.57</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ <u>0</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>2,953.20</u> |

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period from <u>10-01-04</u> through <u>10-16-04</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>6</u>
	I.D. NUMBER <u>1267403</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 |
| LT 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
Providian P.O. Box 4190 - Tilton - NH	TRS Rad	Staff Travel, meals Production Costs	220.00
Comcast 7407 Tam O'shanter - Stockton	Tel	Cable Airtime	1,016.00
Chamber of Commerce 15 S. School - Lodi - CA	CMP	Street Faire Advertising	100.00
Jerry Anderson 245 Ponderosa ave. Vacaville. CA	cmp	Advertising	250.00
—	—	—	—

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

SUBTOTAL \$ 1,586.00