COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 10-17-04 through 12-31-04

Date of election if applicable: (Month, Day, Year) 11-02-04

Date Stamp: RECEIVED JAN 18 2005 City Clerk City of Lodi

CALIFORNIA 2001/02 FORM 460

Page 1 of 10

For Official Use Only

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

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ◯ Primarily Formed
  - ◯ Controlled
  - ◯ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

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

CITY: LODI STATE: CA ZIP CODE: 95240 AREA CODE/PHONE: 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: LODI STATE: CA ZIP CODE: 95240 AREA CODE/PHONE: 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 1/15/05 (Date) By Constance Zweifel (Signature of Treasurer or Assistant Treasurer)

Executed on 01-15-05 (Date) By JoAnne L Mounce (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) 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

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
—	—
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ 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? ☐ YES ☐ NO
—	

COMMITTEE ADDRESS — STREET ADDRESS (NO P.O. BOX): —

CITY	STATE	ZIP CODE	AREA CODE/PHONE
—	—	—	—

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

—

BALLOT NO. OR LETTER	JURISDICTION	
—	—	☐ SUPPORT ☐ 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 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	
—	—	☐ SUPPORT ☐ OPPOSE
—	—	☐ SUPPORT ☐ OPPOSE
—	—	☐ SUPPORT ☐ OPPOSE
—	—	☐ SUPPORT ☐ 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 10-17-04
through 12-31-04

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of JoAnne Mounce

I.D. NUMBER
1267403

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 4910.00	$ 14873.99
2. Loans Received	Schedule B, Line 7	(1650.00)	1850.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 3260.00	$ 16723.99
4. Nonmonetary Contributions	Schedule C, Line 3	1367.81	5872.95
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 4627.81	$ 22,596.94

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 4677.27	$ 12472.48
7. Loans Made	Schedule H, Line 7	.00	.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 4677.27	$ 12472.48
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	.00	.00
10. Nonmonetary Adjustment	Schedule C, Line 3	1367.81	5872.95
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 6045.08	$ 18345.43

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 1,516.78
13. Cash Receipts	Column A, Line 3 above	3260.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	.00
15. Cash Payments	Column A, Line 8 above	4677.27
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 99.51

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	$ .00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ .00

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).

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	$ —	$ —
21. Expenditures Made	$ —	$ —

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
/ /	$ —
/ /	$ —
/ /	$ —
/ /	$ —
/ /	$ —
/ /	$ —

*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
CALIFORNIA FORM 460

Statement covers period
from 10-17-04
through 12-31-04

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)
10-19-04	Gilbert; Myrna Pitchford 1525 W. ELM Lodi CA 95242	☒IND ☐COM ☐OTH ☐PTY ☐SCC	retired	100.00	100.00	—
10-19-04	Jane Lea 1931 Holly Lodi CA 95242	☒IND ☐COM ☐OTH ☐PTY ☐SCC	employee of SAC. Job Corp	303.00	303.00	—
10-19-04	BIPAC OF the Delta 1150 W. Robinhood #4C Stockton CA 95207-5624	☐IND ☐COM ☒OTH ☐PTY ☐SCC	—	100.00	100.00	—
10-19-04	Dolores Dayton 539 Willow Glen Lodi CA	☒IND ☐COM ☐OTH ☐PTY ☐SCC	retired	50.00	150.00	—
10-21-04	Dennis Bennett PO Box 1597 Lodi CA 95241	☒IND ☐COM ☐OTH ☐PTY ☐SCC	owner Bennett Develop.	250.00	250.00	—
			SUBTOTAL $	803.00		

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 3,303.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 1607.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 4,910.00

*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 10-17-04
through 12-31-04

CALIFORNIA FORM 460

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)
10-21-04	Jim & Linda Elson 1808 Edgewood dr. Lodi CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	self-employed mvc insurance	100.00	200.00	—
10-31-04	Waste Management PO Box 3027 or 915 L St #1430 Sac CA 95814 Houston TX 77253	☐IND ☐COM ☒OTH ☐PTY ☐SCC	—	300.00	300.00	—
10-31-04	Lloyd Gums 731 Birchwood Lodi CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	owner Lloyd Motors	500.00	500.00	—
10-31-04	Carlotta Perez 19404 Windrift way Woodbridge CA 95258	☒IND ☐COM ☐OTH ☐PTY ☐SCC	retired	100.00	100.00	—
11-04-04	Patrick Rivera 128 Duranzo Aisle Irvine, CA 92606	☒IND ☐COM ☐OTH ☐PTY ☐SCC	owner factor-x Production	1,500.00	1,500.00	—

SUBTOTAL $ 2,500.00

*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 10-17-04 through 12-31-04

CALIFORNIA FORM 460

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 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	owner of JoAnne's BookKeeping	$ 2000 -	$ Ø	☑ PAID $ 150.00 ☐ FORGIVEN $ Ø	$ 1850.00 11-04-05 DATE DUE	Ø % RATE $ Ø	$ 2,000 - 09.13.04 DATE INCURRED	CALENDAR YEAR $ - PER ELECTION ** $ -
Brian O'neal 1272 moor Park #2 Studio City CA † ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	owner home run entertainment	$ Ø	$ 300.00	☑ PAID $ 300.00 ☐ FORGIVEN $ Ø	$ Ø — DATE DUE	Ø % RATE $ Ø	$ 300.00 10-30.04 DATE INCURRED	CALENDAR YEAR $ - PER ELECTION ** $ -
Patrick Rivera 128 Duranzo Aisle Irvine, CA 92606 † ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	owner of Factor x Productions	$ 1500 -	$ Ø	☐ PAID $ Ø ☒ FORGIVEN $ 1500 -	$ Ø — DATE DUE	Ø % RATE $ Ø	$ 1800 - 9-11-04 DATE INCURRED	CALENDAR YEAR $ - PER ELECTION ** $ -
		SUBTOTALS $ 300.00		$ 1950.00	$ 1850.00	$ Ø (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 300.00
   (Total Column (b) plus unitemized loans less than $100.)
2. Loans paid or forgiven this period ..... $ - 1950.00
   (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 $ (1650.00)
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

*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 10-17-04
through 12-31-04

CALIFORNIA FORM 460

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)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
JoAnne Mounce 437 E Elm Lodi CA 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner of JoAnne's Bookkeeping	LENDER: Self DATE: 09.13.04	Ø	CALENDAR YEAR $ 1850.00 PER ELECTION (IF REQUIRED) $	1,850.00
—	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	—	LENDER: — DATE: —	—	CALENDAR YEAR $ — PER ELECTION (IF REQUIRED) $ —	—
—	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	—	LENDER: — DATE: —	—	CALENDAR YEAR $ — PER ELECTION (IF REQUIRED) $ —	—
—	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	—	LENDER: — DATE: —	—	CALENDAR YEAR $ — PER ELECTION (IF REQUIRED) $ —	—

SUBTOTAL $ Ø

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
CALIFORNIA FORM 460

Statement covers period
from 10-17-04
through 12-31-04

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)
10.30.04	JoAnne Mounce 437 E ELM LODI CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	owner OF JoAnne's BookKeeping	Comcast Air time	700.00	1442.73	–
10.20.04	Lodi Fire fighters P.O. BOX 1841 Lodi CA 95241	☐IND ☐COM ☒OTH ☐PTY ☐SCC	Local union 1225	Comcast TV AD Production	533.12	1533.12	–
10-20-04	Betty Gates 540 E Harney Lodi CA 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	retired	Ice cream Social	134.69	134.69	–
–	–	☐IND ☐COM ☐OTH ☐PTY ☐SCC	–	–	–	–	–

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ 1367.81
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ –
3. 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 $ 1367.81

*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
CALIFORNIA FORM 460

Statement covers period
from 10-17-04
through 12-31-04

Page 9 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Friends OF JoAnne Mounce

I.D. NUMBER: 1267403

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP	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
Comcast 7407 Tam O'Shanter. Stockton	TEL	Cable Airtime	150000
Lodi News Box 1360 - Lodi CA 95241	PRT	Print media	1,778.97
Providian PO. Box 4190 - Tilto - NH	TRS Rad	Volunteer meals	177.98

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

SUBTOTAL $ 3456.95

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 3,704.06
2. Unitemized payments made this period of under $100 ..... $ 972.21
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ Ø
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 4,677.27

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 10-17-04 through 12-31-04

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Friends OF JoAnne Mounce

I.D. NUMBER: 1267403

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
Target 1231 Kettleman · Lodi	CVC	Civic Donation to Adopt-A Child	247.11
@ wrong Page —	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—

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

SUBTOTAL $ 247.11