

**Statement of Organization
Recipient Committee**

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Date Stamp

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

For Official Use Only

Statement Type Initial
Not yet qualified or

Amendment

Termination - See Part 5
List I.D. number:

1267403

Date qualified as committee

n/a
Date qualified as committee
(If applicable)

Date of Termination

RECEIVED AND FILED
in the office of the Secretary of State
CITY CLERK JUL 18 2008
CITY OF LODI
DEBRA BOWEN
Secretary of State

1. Committee Information

NAME OF 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)

—

OPTIONAL: FAX/ E-MAIL ADDRESS

—

COUNTY OF DOMICILE

San Joaquin

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

—

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Constance Zweifel

STREET ADDRESS

435 E Elm Street

CITY STATE ZIP CODE AREA CODE/PHONE

LODI CA 95240 209.367.1807

NAME OF ASSISTANT TREASURER, IF ANY

—

STREET ADDRESS

—

CITY STATE ZIP CODE AREA CODE/PHONE

—

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

—

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 X 07-14-08
DATE

By X Constance Zweifel
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on X 07-14-08
DATE

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

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

RECEIVED

AUG 1 2008

City Clerk
City of Lodi

FPPC Form 410 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

JoAnne Mounce

ID. NUMBER

2

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
/	/	/	<input 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
Farmers & Merchants	/	6410440001
ADDRESS	CITY	STATE ZIP CODE
4612 Mc Graw	Stockton	CA 95207

Primarily Formed Committee

	SUPPORT	OPPOSE
/	/	/
/	/	/

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CALIFORNIA FORM 410

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COMMITTEE NAME

JoAnne Mounce

I.D. NUMBER

1267403

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

to re-elect JoAnne Mounce to LODI City Council

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

✓

✓

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Small Contributor Committee

1/1/01
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.