COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

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CITY CLER
CITY OF LODI

CALIFORNIA FORM 460

Page 1 of 11

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07-01-08
through 09-30-08

Date of election if applicable (Month, Day, Year)
11-04-08

☒ ...lder, Ca... d Committee
○ State Candidate Election
○ Recall
[Also Complete Part 5)

☐ General Purpose Committee
○ Sponsored
○ Small Contributor Committee
○ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee
○ Controlled
○ Sponsored
[Also complete Part 6)

☐ Primarily Formed Candidate/ Officeholder Committee
[Also Complete Pert 7)

☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement (Also file a Form 410 Termination)
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATES NAME IF NO COMMITTEE)
Friends of Joanne Mounce

STREET ADDRESS (NO P.O. BOX)
437 E Elm Street

CITY: Lodi STATE: CA ZIP CODE: 5240 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 Street

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 09.28.08 (Date) By Constance Zweifel (Signature of Treasurer or Assistant Treasurer)

Executed on 09.28.08 (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 Oficeholder, Candidate, State Measure Proponent)

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

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

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 Street. LODI CA 95240

COMMITTEE NAME	I.D. NUMBER
—	—
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
—	—
—	☐ NO

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed 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 Candidate/Officeholder 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
—	—	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
—	—	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
—	—	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ 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 07-01-08 through 09-30-08

CALIFORNIA FORM 460

Page 3 of 1

I.D. NUMBER 1267403

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 6,424.00	$ 8,899.00
2. Loans Received	Schedule B, Line 3	(121.05)	2,522.95
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 6,302.95	$ 11,421.95
4. Nonmonetary Contributions	Schedule C, Line 3	724.25	724.25
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 7,027.20	$ 12,146.20

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	$ —	$ —

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 5,986.65	$ 8,630.65
7. Loans Made	Schedule H, Line 3	—	—
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 5,986.65	$ 8,630.65
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	—	—
10. Nonmonetary Adjustment	Schedule C, Line 3	—	—
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 5,986.65	$ 8,630.65

Expenditure Limit Summary for State Candidates

22. Expenditures* (If Subject to Voluntary Expenditure Limit)

Date of Election (mmddyy)	Total to Date
— / — / —	$ —
— / — / —	$ —

*Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 2475.00
13. Cash Receipts	Column A, Line 3 above	6,302.95
14. Miscellaneous Increases to Cash	Schedule I, Line 4	.00
15. Cash Payments	Column A, Line 8 above	5,986.65
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 2,791.30

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

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 07-01-08
through 09-30-08

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)
07/11/08	Betty & Dave Gates 540 E. Harney Ln Lodi CA 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500.00	—	—
07/07/08	David & Earline Lund Box 605 Woodbridge Ca 95258	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	—	—
07/12/08	David Kirsten 1324 Miduale Lodi Ca 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Bean exporter	100.00	—	—
07/12/08	Waste Management Box 3027 Houston Tx 77253	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC	Garbage #1 Company	500.00	—	—
07/12/08	CREPAC 525 S. Virgil Los Angeles CA 90020	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	890106 PAC	500.00	—	—
			SUBTOTAL $	1700—		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 6,250.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 174.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 6,424.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
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.)

CALIFORNIA FORM **460**

Statement covers period
from 07-01-08
through 09-30-08

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)
7/27/08	Pennino & Assoc. 1502 Keagle Way Lodi Ca 95242	☐IND ☒COM ☐OTH ☐PTY ☐SCC	—	150.00	—	—
07/22/08	operating engineers District 30 PAC 1620 S. Loop - Alameda 94502	☐IND ☐COM ☒OTH ☐PTY ☐SCC	—	250.00	—	—
08/14/08	Paul's Safe Lock 223 N. Church St Lodi Ca 95240	☐IND ☒COM ☐OTH ☐PTY ☐SCC	—	300.00	—	—
08/23/08	Jack & Barbara Flockhart 331 La Setta Dr. Lodi Ca 95242	☒IND ☐COM ☐OTH ☐PTY ☐SCC	retired	100.00	—	—
08/01/08	Carl Fink 540 S. Mills Lodi Ca 95242	☒IND ☐COM ☐OTH ☐PTY ☐SCC	retired	250.00	—	—
			SUBTOTAL $	1,050.00		

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IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
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 07-01-08
through 09-30-08

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)
8/26/08	m; R Company 33 E. Tokay st LODI Ca 95240	☐IND ☒COM ☐OTH ☐PTY ☐SCC	—	200.00		
08/30/08	Emily Taromina 1512 W. Tokay LODi Ca 95242	☒IND ☐COM ☐OTH ☐PTY	retired	100.00		
08/29/08	Della Monica Snyder 222 W. Lockeford # 10 LODI Ca 95240	☐IND ☒COM ☐OTH ☐PTY ☐SCC	—	200.00		
9/17/08	Electrical 595 PAC 6250 Willage Pwy Dublin Ca 94568	☐IND ☐COM ☒OTH ☐PTY ☐SCC	—	500.00		
9/04/08	Afscme 146 555 Capitol mall Sacto Ca 95814	☐IND ☐COM ☒OTH ☐PTY ☐SCC	—	1500.00		
			SUBTOTAL$	2500—		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
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.

Statement covers period
from 07-01-08
through 09-30-08

SCHEDULE A (CONT.)

CALIFORNIA FORM **460**

I.D. NUMBER

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)
09-21-08	Barbare Krengel 915 W. Locust St Lodi Ca 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher LUSD	1,000 -	—	—
09-19-08	—	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	—	—	—	—
—	—	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	—	—	—	—
—	—	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
—	—	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	—			—
			SUBTOTALS	1000 -		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than P N or SCC)
OTH – Other (e.g., business entity)
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 07-01-08
through 09-30-08

CALIFORNIA FORM 460

I.D. NUMBER
1267403

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends OF JoAnne Mounce

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	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
JoAnne Mounce 437 E Elm Lodi Ca 95240 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dougherty 3031 W. March Stockton Ca 95219	$ 2644.00	$ 678.95	☒ PAID $ 800.00 ☐ FORGIVEN $ Ø	$ 2522.95 11-10-08 DATE DUE	Ø % RATE $ Ø	$ 2644.00 06-01-08 DATE INCURRED	CALENDAR YEAR — $ — PER ELECTION** $ —
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $

(Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ..... $ 800.00

(Total Column (c) plus loans under $100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

-121.05

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period
from 7 1 08
through 09-30-08

CALIFORNIA FORM 460

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)
08/21/08	operating Engineer 1916 N. Broadway Stockton Ca 95205	☐IND ☐COM ☒OTH ☐PTY ☐SCC	—	Brochure	500.00	—	—
08/23/0	Betty Gates 540 E Harney Lodi Ca 95240	☒IND ☐COM ☐OTH ☐PTY ☐SCC	retired	Misc. Sign Stacks	224.25	—	—
—	—	☐IND ☐COM ☐OTH ☐PTY ☐SCC					—
✓	✓	☐IND ☐COM ☐OTH ☐PTY ☐SCC	✓	d		—	—

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 724.25

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 724.25
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ Ø
3. Total nonmonetary contributions received this period. _____

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
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 07-01-08
through 09-30-08

Page 10 of 11

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 paraphernalialmisc.	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 supportingopposing 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		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
City OF LODi BOX 3006 - LODi	FIL	Statement & Sign Deposit	1,100 -
Applied OFFICe BOX 1582 - LODi	CMP	Website	332.50
Register OF Voter County OF S.J	CMP	Maps ; Lists	103.50

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

SUBTOTAL$ 1,536.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 5,624.20
2. Unitemized payments made this period of under $100 ..... $ 362.45
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ .00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL** $ 5,986.65

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period
from 07-01-08
through 09-30-08

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of JoAnne Mounce

I.D. NUMBER
1267403

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
P.O.A.L. Box 3006 Lodi	PRT	Advertising	100 —
BEO & ASSCO 12752 moorpark st. #2 Studio City Ca 91604	TEL	Cable production costs including candidate costs	1,289 —
Lodi Adopt-A-Child Pine St. Lodi	FND	Non profit fund raiser	100 —
Comcast Spotlight 19000 Nuggest Sonora Ca 95370	TEL	Cable Airtime	1,999 20
Valley outdoor 806 W. Lodi Lodi	PRT	Billboards	600 —

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

SUBTOTAL$ 4,088 20