

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	<b>CALIFORNIA FORM 460</b>
RECEIVED 2008 OCT 24 AM 8:48 CITY CLERK CITY OF LODI	
Page <u>1</u> of <u>7</u>	For Official Use Only

Statement covers period from <u>October 1, 2008</u> through <u>October 18, 2008</u>	Date of election if applicable: (Month, Day, Year) <u>Nov 4, 2008</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<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

### 2. Type of Statement:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement                                   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

### 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
<u>LODI</u>	<u>CA</u>	<u>95240</u>	<u>209-333-2814</u>

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	STATE	ZIP CODE	AREA CODE/PHONE
<u>LODI</u>	<u>CA</u>	<u>95240</u>	<u>209-367-1807</u>

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 10-23-08  
Date

Executed on 10-23-08  
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 7

**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	

**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?		
-	<input type="checkbox"/> YES <input type="checkbox"/> 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?		
-	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
-	-		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
-	-	-	-

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE		
-		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-	-	
<b>Identify the controlling officeholder, candidate, or state measure proponent, if any.</b>		
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	<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>October 1, 2008</u> through <u>October 18, 2008</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>7</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 ..... <i>Schedule A, Line 3</i>	\$ <u>4600.00</u>	\$ <u>13499.00</u>
2. Loans Received ..... <i>Schedule B, Line 3</i>	\$ <u>-522.83</u>	\$ <u>2000.12</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>4077.17</u>	\$ <u>15499.12</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	\$ <u>.00</u>	\$ <u>724.25</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>4077.17</u>	\$ <u>16223.37</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 ..... <i>Schedule E, Line 4</i>	\$ <u>5349.31</u>	\$ <u>13979.95</u>
7. Loans Made ..... <i>Schedule H, Line 3</i>	\$ <u>.00</u>	\$ <u>.00</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>5349.31</u>	\$ <u>13979.95</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	\$ <u>.00</u>	\$ <u>.00</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	\$ <u>.00</u>	\$ <u>.00</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>5349.31</u>	\$ <u>13979.95</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>

**Current Cash Statement**

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>2791.30</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	\$ <u>4077.17</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	\$ <u>.00</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	\$ <u>5349.31</u>
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>1519.16</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 ..... <i>See instructions on reverse</i>	\$ <u>.00</u>
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <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).

\*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>October 1, 2008</u> through <u>October 18, 2008</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>7</u>	I.D. NUMBER 1267403

SEE INSTRUCTIONS ON REVERSE

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)
10-06-08	NORTHERN CALIFONRIA DIST ILWU 1188 FRANKLIN STREET, 4TH FLOOR SAN FRANCISCO, CA 94109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	300.00		
10-06-08	P G & E CORPORATION 77 BEALE STREET SAN FRAN, CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	750.00		
10-06-08	PAQ, INC. 8014 N LOWER SACRAMENTO ROAD STOCKTON, CA 95210	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	3500.00		
-	-	<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	-	-		
<b>SUBTOTAL \$</b>				4,550.00		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 4500.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 50.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 4600.00

\*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 B – Part 1  
Loans Received**

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

Statement covers period from <u>October 1, 2008</u> through <u>October 18, 2008</u>	<b>CALIFORNIA FORM 460</b>
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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 STREET LODI CA 95240  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DOUGHERTY CPAS 3031 W MARCH LANE STOCKTON, CA 95219	\$ 2522.95	\$ 77.17	<input checked="" type="checkbox"/> PAID \$ 600.00 <input type="checkbox"/> FORGIVEN \$ -	\$ 2000.12  11-10-08 DATE DUE	0 % RATE  \$ 0	\$ 2644.00  060108 DATE INCURRED	CALENDAR YEAR \$ - PER ELECTION** \$ -
-  † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	\$ -	\$ -	<input type="checkbox"/> PAID \$ - <input type="checkbox"/> FORGIVEN \$ -	\$ -  - DATE DUE	- % RATE  \$ -	\$ -  - DATE INCURRED	CALENDAR YEAR \$ - PER ELECTION** \$ -
-  † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	\$ -	\$ -	<input type="checkbox"/> PAID \$ - <input type="checkbox"/> FORGIVEN \$ -	\$ -  - DATE DUE	- % RATE  \$ -	\$ -  - DATE INCURRED	CALENDAR YEAR \$ - PER ELECTION** \$ -
<b>SUBTOTALS \$</b>		<b>77.17 \$</b>	<b>600.00 \$</b>	<b>2000.12 \$</b>	<b>0</b>			

**Schedule B Summary**

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

- Loans received this period ..... \$ 77.17  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 600.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** -522.83  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

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

**Schedule E**  
**Payments Made**

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

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	October 1, 2008	
through	October 18, 2008	Page <u>6</u> of <u>7</u>
NAME OF FILER		I.D. NUMBER
FRIENDS OF JOANNE MOUNCE		1267403

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRIENDS OF JOANNE MOUNCE

**CODE:** 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 CHAMBER OF COMMERCE 105 S SCHOOL STREET LODI CA 95240	MTG		CART	150.00
PENNY SAVERS PO BOX 1149 BREA, CA 92822	PRT		PRINT AD	1500.00
VISION PRINTING 7720 LORRAINE AVE #114 STOCKTON CA 95210	CMP		PRINTING	1802.14

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

**SUBTOTAL \$ 3452.14**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	5202.14
2. Unitemized payments made this period of under \$100	\$	147.17
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.)	<b>TOTAL \$</b>	<b>5349.31</b>

**Schedule E**  
**(Continuation Sheet)**

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

Statement covers period through <u>October 18, 2008</u>	<b>CALIFORNIA</b> <b>FORM 460</b>
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NAME OF FILER <b>FRIENDS OF JOANNE MOUNCE</b>	
I.D. NUMBER <b>1267403</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**FRIENDS OF JOANNE MOUNCE**

I.D. NUMBER

**1267403**

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

- |   |   |   |
|---|---|---|
| CNS campaign consultants  | MTG meetings and appearances                  | RAD radio airtime and production costs                        |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | RFD returned contributions                                    |
| CVC civic donations   | PET petition circulating                      | SAL campaign workers' salaries                                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TEL t.v. or cable airtime and production costs                |
| FND fundraising events  | POL polling and survey research               | TRC candidate travel, lodging, and meals                      |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TRS staff/spouse travel, lodging, and meals                   |
| LEG legal defense   | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings                              | PRT print ads                                 | VOT voter registration  |
|   |   | 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 PO BOX 1360 LODI CA 95241	PRT		PRINT ADS	1500.00
LOEL CENTER 105 S WASHINGTON LODI, CA 95240	FND		HALL RENTAL	250.00
-	-		-	-
-	-		-	-
-	-		-	-

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

**SUBTOTAL \$ 1750.00**