

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED 2009 JAN 22 AM 8:5 CITY CLERK CITY OF LODI	CALIFORNIA FORM 460
	Page <u>1</u> of <u>10</u>
	For Official Use Only

Statement covers period from <u>October 19, 2008</u> through <u>Dec 31, 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.

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 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 Part 7)

2. Type of Statement:

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
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 <u>LODI</u>	STATE <u>CA</u>	ZIP CODE <u>95240</u>	AREA CODE/PHONE <u>209-333-2814</u>
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
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CITY <u>-</u>	STATE <u>-</u>	ZIP CODE <u>-</u>	AREA CODE/PHONE <u>-</u>
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OPTIONAL: FAX / E-MAIL ADDRESS
-

Treasurer(s)

NAME OF TREASURER
CONSTANCE ZWEIFEL

MAILING ADDRESS
435 E ELM STREET

CITY <u>LODI</u>	STATE <u>CA</u>	ZIP CODE <u>95240</u>	AREA CODE/PHONE <u>209-367-1807</u>
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NAME OF ASSISTANT TREASURER, IF ANY
-

MAILING ADDRESS
-

CITY <u>-</u>	STATE <u>-</u>	ZIP CODE <u>-</u>	AREA CODE/PHONE <u>-</u>
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OPTIONAL: FAX / E-MAIL ADDRESS
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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 1-20-09
Date

Executed on 01-20-09
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 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
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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 -
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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 19, 2008</u>	CALIFORNIA FORM 460
through <u>Dec 31, 2008</u>	
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 <i>Schedule A, Line 3</i>	\$ <u>7565.00</u>	\$ <u>21064.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>-1921.10</u>	<u>79.02</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>5643.90</u>	\$ <u>21143.02</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>5643.90</u>	\$ <u>21867.27</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>5195.82</u>	\$ <u>19175.77</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>5195.82</u>	\$ <u>19175.77</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>5195.82</u>	\$ <u>19175.77</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>

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>1519.16</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>5643.90</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>193.26</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>5195.82</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>2160.50</u>

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>.00</u>
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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>79.02</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 19, 2008</u> through <u>Dec 31, 2008</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER FRIENDS OF JOANNE MOUNCE	I.D. NUMBER 1267403
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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)
10-21-08	INTERNATIONAL LONGSHOREMEN LOCAL NO 54 22 N UNION STREET - STOCKTON CA 95205	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	200.00	-	-
10-21-08	DOUGHERTY CPAS INC 3031 W MARCH LANE #210 STOCKTON, CA 95219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	-	-
10-24-08	GILBERT & MYRNA PITCHFORD 1525 W ELM STREET LODI CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	200.00	-
10-24-08	RICHARD P LOW 2119 SAINT ANTON DRIVE LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	-	-
10-24-08	PAUL'S SAFE LOCK & KEY 223 N CHURCH STREET LODI, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	100.00	400.00	
SUBTOTAL \$				1000.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	<u>4825.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	<u>2740.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	<u>7565.00</u>

*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.)

Statement covers period from <u>October 19, 2008</u> through <u>Dec 31, 2008</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>10</u>

NAME OF FILER FRIENDS OF JOANNE MOUNCE	I.D. NUMBER 1267403
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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)
10-29-08	OPERATING ENGINEERS LOCAL 3 1620 SOUTH LOOP ROAD ALAMEDA, CA 94502	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	500.00	750.00	-
10-29-08	GREGORY COSTA PO BOX 2750 GILROY, CA 95201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FARMER	125.00	-	-
11-26-08	SJC REPUBLICAN CENTRAL COMMITTEE 6333 PACIFIC AVE # 150 STOCKTON, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	200.00	-	-
12-09-08	LODI FIREFIGHTERS PAC PO BOX 1841 LODI, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	3000.00	-	-
-	-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	-	-	-
SUBTOTAL \$				3825.00		

*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 October 19, 2008
through Dec 31, 2008

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 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	\$ <u>2000.12</u>	\$ <u>320.90</u>	<input checked="" type="checkbox"/> PAID \$ <u>2242.00</u> <input checked="" type="checkbox"/> FORGIVEN \$ <u>-</u>	\$ <u>79.02</u> <u>11-10-08</u> DATE DUE	<u>0</u> % RATE <u>0</u>	\$ <u>2644.00</u> <u>06-01-08</u> DATE INCURRED	CALENDAR YEAR \$ <u>-</u> PER ELECTION** \$ <u>-</u>
- † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	\$ <u>-</u>	\$ <u>-</u>	<input type="checkbox"/> PAID \$ <u>-</u> <input type="checkbox"/> FORGIVEN \$ <u>-</u>	\$ <u>-</u> <u>-</u> DATE DUE	<u>-</u> % RATE <u>-</u>	\$ <u>-</u> <u>-</u> DATE INCURRED	CALENDAR YEAR \$ <u>-</u> PER ELECTION** \$ <u>-</u>
- † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-	\$ <u>-</u>	\$ <u>-</u>	<input type="checkbox"/> PAID \$ <u>-</u> <input type="checkbox"/> FORGIVEN \$ <u>-</u>	\$ <u>-</u> <u>-</u> DATE DUE	<u>-</u> % RATE <u>-</u>	\$ <u>-</u> <u>-</u> DATE INCURRED	CALENDAR YEAR \$ <u>-</u> PER ELECTION** \$ <u>-</u>
SUBTOTALS		\$ <u>320.90</u>	\$ <u>2242.00</u>	\$ <u>79.02</u>	\$ <u>0</u>			

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

Schedule B Summary

- Loans received this period \$ 320.90
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ -2242.00
(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 \$** -1921.10
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.

Statement covers period		CALIFORNIA FORM 460
from	October 19, 2008	
through	Dec 31, 2008	Page <u>7</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
FRIENDS OF JOANNE MOUNCE		1267403

SEE INSTRUCTIONS ON REVERSE

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
FL 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 KETTLEMAN LANE LODI CA 95240	FND	DOOR PRIZES & DECOR	451.25
FOOD 4 LESS KETTLEMAN LANE LODI CA 95240	FND	FOOD	352.75
SMART & FINAL STOCKTON STREET LODI CA 95240	FND	FOOD & DECOR	160.23

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 964.23**

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>4188.18</u>
2. Unitemized payments made this period of under \$100	\$ <u>1007.64</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>5195.82</u>

**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 <u>October 19, 2008</u> through <u>Dec 31, 2008</u>		CALIFORNIA FORM 460
Page <u>8</u> of <u>10</u>		
NAME OF FILER FRIENDS OF JOANNE MOUNCE		I.D. NUMBER 1267403

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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
KENDALL'S 1319 LILAC STREET LODI, CA 95242	FND		FOOD	999.38
SPOTLIGHT PO BOX 60000 SAN FRANCISCO CA 94160	TEL		AIRTIME	499.80
LODI NEWS SENTINEL 125 N CHURCH LODI CA 95240	PRT		PRINT AD	357.08
BEO AND ASSO 12752 MOOR PARK STUDIO 2 STUDIO CITY CA	CNS		CONSULTANT	300.00
BOYS AND GIRLS CLUB POPLAR STREET LODI, CA 95240	CVS		DONATION	100.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 2256.26**

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	October 19, 2008	
through	Dec 31, 2008	Page <u>9</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
FRIENDS OF JOANNE MOUNCE		1267403

SEE INSTRUCTIONS ON REVERSE

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
E F KLUFT AND SONS PO BOX 166 LODI, CA 95241	TCR	CANDIDATE AND CAMPAIGN WORKERS TRAVEL	245.23
DELL FINANCIAL SERVICES WWW.DELL.COM	OFC	INK CARTRIDGE	148.56
YAHOO/US BANK WWW.LODICITYCOUNCIL.COM	CMP	WEB HOSTING	573.90
-	-	-	-
-	-	-	-

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

SUBTOTAL \$ 967.69

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from October 19, 2008
through Dec 31, 2008

SCHEDULE I
CALIFORNIA FORM 460
Page 10 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRIENDS OF JOANNE MOUNCE

I.D. NUMBER

1267403

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12-15-08	CITY OF LODI PO BOX 3006 LODI, CA 95241	CANCELLED CHECK # 1003	100.00
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 100.00

Schedule I Summary

1. Itemized increases to cash this period.	\$	100.00
2. Unitemized increases to cash of under \$100 this period.	\$	93.26
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$	0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$	193.26