

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

For Official Use Only

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number: # _____

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

07, 13, 04
Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination

Date Stamp
RECEIVED
JUL 23 2004
City Clerk
City of Lodi

1. Committee Information

NAME OF COMMITTEE

Friends of JoAnne Mounce
a candidate for Lodi City Council

STREET ADDRESS (NO PO. BOX)

437 E Elm street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95240	209-369-2511

MAILING ADDRESS (IF DIFFERENT)

n/a

OPTIONAL: FAX / E-MAIL ADDRESS

Jmounce@lodicitycouncil.com

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 7-18-04
DATE

Executed on 7-18-04
DATE

Executed on _____
DATE

Executed on _____
DATE

By Constance Zweifel
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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

Mailed orig + copy to Sec. of State on 7/26/04. *mt*

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Friends of JoAnne Mounce

4. Type of Committee Complete the applicable sections.

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
JoAnne Mounce	Lodi City Council	2004	<input checked="" 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
Bank of the West	800-488-2265	171005416
ADDRESS	CITY	STATE ZIP CODE
229 South Church street	LODI	CA 95240

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
—	—	<input checked="" type="checkbox"/>	<input type="checkbox"/>
—	—	<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME

Friends of JoAnne Mounce

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I.D. NUMBER

4. Type of Committee (Continued)

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

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

____/____/____
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.