

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	RECEIVED JUL 31 2013 CITY CLERK	CALIFORNIA FORM 460
		Page <u>1</u> of <u>5</u> For Official Use Only

Statement covers period from <u>January 1 2013</u> through <u>June 30, 2013</u>	Date of election if applicable: (Month, Day, Year) <u>n/a</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	<input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> State Candidate Election Committee	<input type="checkbox"/> Controlled
<input type="checkbox"/> Recall <small>(Also Complete Part 5)</small>	<input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small>
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small>
<input type="checkbox"/> Sponsored	
<input type="checkbox"/> Small Contributor Committee	
<input type="checkbox"/> Political Party/Central Committee	

2. Type of Statement:

<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input checked="" type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small>	<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 07/29/13
Date

Executed on 07/29/13
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**

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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
-	-	
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	<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>January 1 2013</u>	CALIFORNIA FORM 460
through <u>June 30, 2013</u>	
Page <u>3</u> of <u>5</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>0</u>	\$ <u>0</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>0</u>	\$ <u>0</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>0</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

Expenditures Made

	Column A	Column B
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>1337.05</u>	\$ <u>1337.05</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>1337.05</u>	\$ <u>1337.05</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>1337.05</u>	\$ <u>1337.05</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>0</u>
- / - / -	\$ <u>-</u>

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>715.50</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>0</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>1393.05</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>1337.05</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>771.50</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.

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>.00</u>

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460	
from	January 1 2013	Page	4 of 5
through	June 30, 2013	I.D. NUMBER	1267403

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRIENDS OF JOANNE MOUNCE

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
CITY OF LODI PO BOX 3006 LODI, CA 95241	FIL	RE-ISSUE CHECK FOR FILING FEES	694.00
CITIPAC 1400 K STREET SUITE 400 SACRAMENTO, CA 9584	CVC	CIVIC DONATION	100.00
AT&T PO BOX 537104 ALTANTA, GA 30353-7104	PHO	PHONE BANKS	125.54

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

SUBTOTAL \$ 919.54

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	919.54
2. Unitemized payments made this period of under \$100	\$	417.51
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 \$	1337.05

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from January 1 2013
through June 30, 2013

SCHEDULE I

CALIFORNIA
FORM **460**

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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
01/16/13	CITY OF LODI PO BOX 3006 LODI, CA 95241	VOID CHECK # 1112 FOR CAMPAIGN FILING AND RE-ISSUE CHECK	1200.00
01/16/13	CITY OF LODI PO BOX 3006 LODI, CA 95241	VOID CHECK # 1113 FOR CAMPAIGN DEPOSIT - ALL SIGNS REMOVED	100.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,300.00

Schedule I Summary

1. Itemized increases to cash this period.	\$ 1,300.00
2. Unitemized increases to cash of under \$100 this period.	\$ 93.05
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ 1,393.05