

Statement of Organization  
Recipient Committee

Amendment

Check box if an Amendment  
and enter I.D. number:

39

INSTRUCTIONS ON REVERSE

File original and one copy with:  
Secretary of State  
Political Reform Division  
P.O. Box 1467  
Sacramento, CA 95812-1467

County and City Committees file a copy with:  
Local filing officer who will receive the original  
disclosure statements.

Type or print in ink

981990

Date Stamp  
RECEIVED AND FILED  
POLITICAL REFORM DIVISION  
OFFICE OF SECRETARY OF STATE  
98 AUG 12 AM 11:35  
BILL JONES  
CA SECRETARY OF STATE

STATEMENT ORGANIZATION

CALIFORNIA  
1998 FORM 410

For Official Use Only

1. Committee Information

Date qualified as committee \_\_\_\_\_  Not yet qualified

NAME OF COMMITTEE

NAKANISHI FOR CITY COUNCIL

ADDRESS OF COMMITTEE NO. AND STREET (NO P.O. BOX)  
1110 WEST KEPTLEMAN SUITE 44

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER  
LADY, CALIF. 95240

COUNTY OF DOMICILE

SAN JOAQUIN

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN  
COUNTY OF DOMICILE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

OPTIONAL: AREA CODE/FAX NUMBER

OPTIONAL: E-MAIL ADDRESS

2. Treasurer and Other Principal Officers

NAME OF TREASURER  
JON NAKANISHI

MAILING ADDRESS  
41 WEST YORKETS, SUITE 111

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
STOCKTON, CALIF. 95207 209-478-91

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

OPTIONAL: AREA CODE/FAX NUMBER

OPTIONAL: E-MAIL ADDRESS

Attach additional information on appropriately labeled continuation sheets.

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 8/9/98 DATE

By [Signature] SIGNATURE OF THE TREASURER

Executed on 8/2/94 DATE

By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_ DATE

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_ DATE

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE THE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

FPPC Form 410 (2/98)  
For Technical Assistance: 916/322-5660

Statement of Organization  
Recipient Committee

STATE OF ORGANIZATION

**CALIFORNIA 410**  
1998 FORM

INSTRUCTIONS ON REVERSE

Page 2

NAME OF COMMITTEE

I.D. NUMBER (IF AMENDMENT)

**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.
- List the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.
- List the disposition of surplus funds.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT:

ALAN NAKANISHI

COUNCIL

ROTARY

DISPOSITION OF SURPLUS FUNDS:

ROTARY

**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

SUPPORT OPPOSE

**General Purpose Committee**

**Sponsored Committee**

Provide additional sponsors on an attachment.

NAME OF SPONSOR:

INDUSTRY GROUP OR AFFILIATION OF SPONSOR: