

Officeholder, Candidate,
 Controlled Committee
 Campaign Statement — Long Form
 (Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE - LONG FORM

STATE OF CALIFORNIA
 FORM 490

Statement covers period
 from 1/1/99
 through 6/30/99

Date Stamp
 RECEIVED
 JUN 30 4 11:30 PM '99
 CALIFORNIA STATE OFFICE
 CITY CLERK
 CITY OF LODI

Page 1 of 17
 For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- Special Odd-Year Campaign Report
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement.)

I Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

ALAN NAKANISHI

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

LODI CITY COUCIL

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

1136 JUNEWOOD COURT

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
LODI CA 95242 (209)478-1797

COMMITTEE NAME

NAKANISHI FOR CITY COUNCIL

I.D. NUMBER

9801990

COMMITTEE ADDRESS (NO. AND STREET)

41 W. YOKUTS AVENUE, SUITE 111

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
STOCKTON CA 95207 (209)478-9956

NAME OF TREASURER

JON NAKANISHI

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

41 W. YOKUTS AVENUE, SUITE 111

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
STOCKTON, CA 95207 (209)478-9956

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to 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 (NO. AND STREET)	CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS (NO. AND STREET)	CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE

COMMITTEE ADDRESS (NO. AND STREET)	CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 8/4/99 At LODI, CA
DATE CITY AND STATE

By [Signature]
SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the 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 8/4/99 At Lodi, Ca
DATE CITY AND STATE

By [Signature]
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

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

**Allocation Page — Part I
Contributions and Independent Expenditures
Made From Campaign Funds**

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

ALLOCATION - PART I

Statement covers period from <u>1/1/99</u> through <u>6/30/99</u>	Page <u>2</u> of <u>17</u>
I.D. NUMBER 9801990	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Alan Nakanishi/Nakanishi for City Council

List each contribution and independent expenditure of \$100 or more made from campaign funds to other committees or to support or oppose other candidates or ballot measures.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP ^a	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				

*See reverse regarding independent expenditures. SUBTOTAL \$ 0

Attach additional information on appropriately labeled continuation sheets.

ALLOCATION — PART I SUMMARY

1. Contributions and independent expenditures of \$100 or more made this period from campaign funds.
(Include all Allocation Page — Part I subtotals.) \$ 0
2. Contributions and independent expenditures under \$100 made this period from campaign funds.
(Do not itemize.) \$ 0
3. Total contributions and independent expenditures made this period from campaign funds.
(Do not carry this total to the Summary Page.) TOTAL \$ 0

**Allocation Page — Part II
Contributions and Independent Expenditures
Made From Personal Funds**

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

ALLOCATION - PART II

Statement covers period
from 1/1/99
through 06/30/99

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE

Alan Nakanishi/Nakanishi for City Council

List each contribution and independent expenditure of \$100 or more made from the officeholder or candidate's personal funds to support or oppose other officeholders, candidates and committees.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP's	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				
SUBTOTAL					\$ 0		

*See reverse regarding independent expenditures.

Attach additional information on appropriately labeled continuation sheets.

ALLOCATION — PART II SUMMARY

1. Contributions and independent expenditures of \$100 or more made this period from personal funds. (Include all Allocation Page — Part II subtotals.) \$ 0
2. Contributions and independent expenditures under \$100 made this period from personal funds. (Do not itemize.) \$ 0
3. Total contributions and independent expenditures made this period from personal funds. (Do not carry this total to the Summary Page.) **TOTAL** \$ 0

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAC

Statement covers period from <u>1/1/99</u> through <u>6/30/99</u>	CALIFORNIA DISCLOSURE 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
ALAN S. NAKANISHI/NAKANISHI FOR CITY COUNCIL

I.D. NUMBER
9801990

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ 2000	\$ 6460	\$ 8460
2. Loans Received Schedule B, Line 7	0	3350	3350
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 2000	\$ 9810	\$ 11810
4. Non-monetary Contributions Schedule C, Line 3	0	1350	1350
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	\$ 2000	\$ 11160	\$ 13160
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	0	0	0
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6	\$ 2000	\$ 11160	\$ 13160

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5	\$ 1533.45	\$ 9405.78	\$ 10,939.23
9. Loans Made Schedule H, Line 7	0	0	0
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9	\$ 1533.45	\$ 9405.78	\$ 10,939.23
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	0	0	0
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11	\$ 1533.45	\$ 9405.78	\$ 10,939.23

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17	\$ 404.22
14. Cash Receipts Column A, Line 3 above	2000.00
15. Miscellaneous Increases to Cash Schedule I, Line 4	0
16. Cash Payments Column A, Line 10 above	24533.245
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16	\$ 870.77

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD
NOT BE A NEGATIVE AMOUNT

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)	\$ 0	
19. Cash Equivalents See instructions on reverse	\$ 0	
20. Outstanding Debts Add Line 2 + Line 11 in Column C above	\$ 0	
21. Contributions Received	\$ 2000	
22. Expenditures Made	\$ 1533.45	

**Schedule A
Monetary Contributions Received**

Type Amount in Ink. by be rounded to whole dollars.

SCHEDULE A

Statement covers period
 from 1/1/99
 through 6/30/99
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CALIFORNIA 490
 (USE FOR)

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER
 9801990

1 ALAN NAKANISHI/NAKANISHI FOR CITY COUNCIL

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
2/11/99	Alan Nakanishi	Delta Eye Med. Inc.	2000	2000	

SUBTOTAL \$ 2000

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
 (Include all Schedule A subtotals.) \$ 2000
- Amount received this period — contributions of less than \$100.
 (Do not itemize.) \$ 0
- Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 2000

Schedule A (Continuation Sheet)
Mandatory Contributions Received

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

SCHEDULE A (C)

Statement covers period
 from 1/1/99
 through 6/30/99

CALIFORNIA
 1997-2000 **49**

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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
 ALAN S. NAKANISHI/NAKANISHI FOR CITY COUNCIL

I.D. NUMBER
 9801990

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
SUBTOTAL \$			0		

**Schedule B — Part II
Repayments Made on Loans Received, Loans
Forgiven, and Loans Repaid by a Third Party**

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

SCHEDULE B - Part II

Statement covers period from <u>10/18/98</u> through <u>12/31/98</u>	Page 7 of _____
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan Nakanishi/Nakanishi for City Council

I.D. NUMBER
9801990

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	AMOUNT REPAYED OR FORGIVEN ON PRINCIPAL * (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL	\$ ^(c) 0	TOTAL INTEREST PAID THIS PERIOD	\$ ^(d) 0
---	----------	---------------------	---------------------------------	---------------------

***IMPORTANT:** If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the summary section of Schedule E, Line 3. Do not carry this total to the summary section of Schedule B.

Schedule B — Part III
Annual Report of Outstanding Loans Received

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

SC RULE B - Part III

Statement covers period from <u>1/1/99</u> through <u>6/30/99</u>	CALIFORNIA DISFORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

ALAN NAKANISHI/NAKANISHI FOR CITY COUNCIL

I.D. NUMBER

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST

Attach additional information on appropriately labeled continuation sheets. TOTAL \$ 0

NOTE: This total should be
the same amount as entered
on the Summary Page,
Column C, Line 2.

Schedule C
Non-Monetary Contributions Received

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

SCHEDULE C

Statement covers period
 from 1/1/99
 through 6/30/99

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
 ALAN S. NAKANISHI/NAKANISHI FOR CITY COUNCIL

I.D. NUMBER
 9801990

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 0

Non-Monetary Contributions Summary

- 1. Amount received this period — non-monetary contributions of \$100 or more.
 (Include all Schedule C subtotals.) \$ _____
- 2. Amount received this period — non-monetary contributions of less than \$100.
 (Do not itemize.) \$ _____
- 3. Total non-monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) TOTAL \$ 0

Schedule D
Enforceable Promises Received (Other than Loan Guarantees, Loan Endorsements, and Loan Security)

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

SCHEDULE D

NOTE: Loan guarantees, loan endorsements and loan security are "enforceable promises" that must be reported on Schedule B - NOT Schedule D. SEE INSTRUCTIONS ON REVERSE

Statement covers period	
from <u>10/18/98</u>	Page <u>10</u> of <u>17</u>
through <u>12/31/98</u>	
I.D. NUMBER	
9801990	

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
 Alan Nakanishi/Nakanishi for City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT PROMISED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO ENTER ON SCHEDULE A)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

Attach additional information on appropriately labeled continuation sheets.	SUBTOTALS \$	(a)	(b)
		0	0

Enforceable Promises Received Summary


1. Promises received of \$100 or more this period (Column (a)).	\$	<u>0</u>
2. Promises received under \$100 this period. (Do not itemize.)	\$	<u>0</u>
3. Total promises received this period. (Add Lines 1 and 2.)	TOTAL \$	<u>0</u>
4. Payments received on promises of \$100 or more this period. (Column (b)).	\$	<u>0</u>
5. Payments received on promises under \$100 this period. (Do not itemize. Also include on Schedule A Summary, Line 2.)	\$	<u>0</u>
6. Total payments received. (Add Lines 4 and 5.)	TOTAL \$	<u>(0)</u>
7. Net change this period. (Subtract Line 6 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 6.)	NET \$	<u>0</u>

May be a negative number

**Schedule E
Payments and Contributions
(Other Than Loans) Made**

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

SCHEDULE E

Statement covers period from <u>1/1/99</u> through <u>6/30/99</u>	
	Page <u>11</u> of <u>17</u>
	I.D. NUMBER 9801990

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
ALAN S. NAKANISHI/NAKANISHI FOR CITY COUNCIL

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|---|---|---|
| *C* -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | *B* -- BROADCAST ADVERTISING | *G* -- GENERAL OPERATIONS AND OVERHEAD |
| *I* -- INDEPENDENT EXPENDITURES | *N* -- NEWSPAPER AND PERIODICAL ADVERTISING | *T* -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| *L* -- LITERATURE | *O* -- OUTSIDE ADVERTISING | *P* -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | *S* -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | *F* -- FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.			
	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of LODI P.O. BOX 3006 LODI, CA 95241	G			33.45
VOTER LINK 245 fischer Avenue, Suite c-3 Costa Mesa, CA 92626			DataBase and Voter registration list	1500.00

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 1533.45

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 1500.00
2. Payments made this period of under \$100. (Do not itemize.)	\$ 33.45
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ 0
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ 1533.45
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$ 1533.45

Schedule E
 (Continuation Sheet)
 Payments and Contributions
 (Other Than Loans) Made

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

SCHEDULE E (cont.)

Statement covers period from <u>1/1/99</u>	CALIFORNIA PROP. FORM 490
through <u>6/30/99</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
 Alan nakanishi/NAKANISHI FOR CITY COUNCIL

I.D. NUMBER
 9801990

CODES FOR CLASSIFYING EXPENDITURES

- | | | |
|---|---|---|
| "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" -- BROADCAST ADVERTISING | "G" -- GENERAL OPERATIONS AND OVERHEAD |
| "I" -- INDEPENDENT EXPENDITURES | "N" -- NEWSPAPER AND PERIODICAL ADVERTISING | "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" -- LITERATURE | "O" -- OUTSIDE ADVERTISING | "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" -- FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

SUBTOTAL \$ 0

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

SCHEDULE F

Statement covers period		17 17
from	1/1/99	
through	6/30/99	Page 13 of 17
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
Alan Nakanishi/Nakanishi for City Council		9801990

SEE INSTRUCTIONS ON REVERSE

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
- "B" - BROADCAST ADVERTISING
- "G" - GENERAL OPERATIONS AND OVERHEAD
- "I" - INDEPENDENT EXPENDITURES
- "N" - NEWSPAPER AND PERIODICAL ADVERTISING
- "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "L" - LITERATURE
- "O" - OUTSIDE ADVERTISING
- "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES
- "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" - FUNDRAISING EVENTS

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)</small>	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.			
	CODE	OR	DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Accrued Expenses Summary

1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.)	\$ 0
2. Accrued expenses this period of under \$100. (Do not itemize.)	\$ 0
3. Total accrued expenses incurred this period. (Add Lines 1 and 2.)	INCURRED TOTAL \$ 0
4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.)	PAID TOTAL \$ (0)
5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.)	NET \$ 0

May be a negative number

**Schedule
Payments Made by an Agent or Independent
Contractor (on Behalf of an Officeholder or
Candidate)**

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

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>10/1/99</u> through <u>12/30/99</u>	Page <u>14</u> of <u>17</u>
I.D. NUMBER 9801990	

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Alan Nakanishi/Nakanishi for City Council

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | |
|--|--|
| "L" - LITERATURE | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |
| "B" - BROADCAST ADVERTISING | "F" - FUNDRAISING EVENTS |
| "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS
(MUST BE DESCRIBED) |
| "O" - OUTSIDE ADVERTISING | |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E by the officeholder/candidate.

**Schedule H — Part I
Loans Made to Others**

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

SCHEDULE H - Part I

Statement covers period		Page <u>15</u> of <u>17</u>
from <u>1/1/99</u>	through <u>6/30/99</u>	
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
Alan nakansih/Naknishi for City Council		9801990

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Alan nakansih/Naknishi for City Council

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	INTEREST RATE	DUE DATE	AMOUNT

SUBTOTAL \$ 0

Loans Made to Others — Part I Summary

- 1. Loans of \$100 or more made this period.
(Include all Loans Made — Part I subtotals.) \$ 0
- 2. Loans under \$100 made this period.
(Do not itemize.) \$ 0
- 3. Total loans made this period.
(Add Lines 1 and 2.) **TOTAL \$** 0

Loans Repayments Received — Part II Summary

- 4. Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more
which have been forgiven by this officeholder, candidate, or committee — Part II (a) subtotals.
If forgiven, also itemize on Schedule E.) \$ 0
- 5. Payments received on loans under \$100.
(Including a forgiveness. Do not itemize.) \$ 0
- 5. Total loan payments received this period.
(Add Lines 4 and 5.) **TOTAL \$** (0)
- 7. Net change this period. (Subtract Line 6 from Line 3.
Enter the net here and on the Summary Page, Column A, Line 9.) **NET \$** 0

May be a negative number.

**Schedule H — Part II
Loan Repayments Received on Loans Made
to Others (Including Payments Received
from Third Parties) and Loans Forgiven**

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

SCHEDULE H - Part I

Statement covers period
from 10/1/99
through 6/30/99
Page 16 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF RECIPIENT OF LOAN	INTEREST RATE (IF CHANGED)	AMOUNT REPaid OR FORGIVEN ON PRINCIPAL * (EXCLUDE RECEIPT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST RECEIVED

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ ^(a) 0 TOTAL INTEREST RECEIVED THIS PERIOD \$ ^(b) 0

***IMPORTANT:** If any part of a loan is forgiven, also itemize the forgiveness on Schedule E. If a repayment is received from a third party, enter the name and address of third party in the "FULL NAME OF RECIPIENT OF LOAN" column above, along with the name of the recipient of the loan.

Enter the amount in column (b) in the summary section of Schedule I, Line 3. Do not carry this total to the summary section of Schedule H.

**Schedule H — Part III
Annual Report of Outstanding Loans Made**

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

SCHEDULE H - Part III

SEE INSTRUCTIONS ON REVERSE

Statement covers period	
from <u>10/1/99</u>	
through <u>6/30/99</u>	
Page <u>17</u> of <u>17</u>	

Alan Nakanishi/Nakanishi for City Council

I.D. NUMBER	9801990
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FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST

Attach additional information on appropriately labeled continuation sheets.	TOTAL	\$ 0
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NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 9.


NAKANISHI FOR CITY COUNCIL
1110 W KETTLEMAN LANE SUITE 44
LODI, CA 95240

90-844/1211
11007494

114

DATE May 4, 1999

PAY TO THE ORDER OF City of Lodi \$ 20—

Twenty and 00/100 DOLLARS  Security Features
Printed on back



VINEYARD OFFICE
**FARMERS &
MERCHANTS
BANK** OF CENTRAL
CALIFORNIA
1020 W KETTLEMAN LANE, LODI, CA 95240

MEMO Eating Fee

[Signature] MP

⑆ 12110844 ⑆ 0114 ⑆ 1007494 ⑆

0 DOLLAR VALUE OF DONATIONS

SAFETY PAPER