

**Recipient Committee
Campaign Statement**
(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

CALIFORNIA FORM 460

Statement covers period
from 6/30/00
through 10/5/00

Date Stamp
RECEIVED
OCT -4 PM 12:34
RECEIVED
09 OCT 5 PM 4:01
Date of election if applicable
(Month, Day, Year)
SUSAN J. BLACKSTONE
CITY CLERK
CITY OF LODI
REGISTRAR OF VOTERS
John Courea
DEPUTY

Page 1 of 16
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 7.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <i>(Also Complete Part 4.)</i> | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee <i>(Also Complete Part 6.)</i> |
| <input type="checkbox"/> Ballot Measure Committee ○ Primarily Formed ○ Controlled ○ Sponsored <i>(Also Complete Part 5.)</i> | <input type="checkbox"/> General Purpose Committee ○ Sponsored ○ Broad Based |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Pre-election 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 | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
980198

Nakanishi for Assembly

STREET ADDRESS (NO P.O. BOX)

1136 Junewood Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Lodi,</u> | <u>CA</u> | <u>95242</u> | <u>(209) 369-1826</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

Jon Nakanishi

MAILING ADDRESS

5051 El Don, #904

| | | | |
|----------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Rocklin</u> | <u>CA</u> | <u>95677</u> | <u>(915) 315-3739</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Alan S. Nakanishi

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
10th Assembly District

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1136 Junewood Court Lodi, CA 95242

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

| | |
|--|--|
| COMMITTEE NAME Nakanishi | I.D. NUMBER 980198 |
| NAME OF TREASURER Jon Nakanishi | CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS 1136 Junewood Court | STREET ADDRESS (NO P.O. BOX) |
| CITY Lodi, | STATE CA |
| ZIP CODE 95242 | AREA CODE/PHONE (209) 369-1826 |

5. 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

6. Primarily Formed 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 |

Attach continuation sheets if necessary

7. 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 10/3/2000
DATE

Executed on Oct 3, 2000
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>6/30/00</u> | CALIFORNIA FORM 460 |
| through <u>10/5/00</u> | |
| Page <u>3</u> of <u>16</u> | I.D. NUMBER 980198 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan S. Nakanishi

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW) | Column C TOTAL TO DATE (COLUMNS A + B) |
|---|--|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 0 | \$ | \$ |
| 2. Loans Received Schedule B, Line 7 | 0 | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 0 | \$ | \$ |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 0 | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 0 | \$ | \$ |

Expenditures Made

| | | | |
|---|------|----|----|
| 6. Payments Made Schedule E, Line 4 | \$ 0 | \$ | \$ |
| 7. Loans Made Schedule H, Line 7 | 0 | | |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 0 | \$ | \$ |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 0 | | |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 0 | | |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 0 | \$ | \$ |

Current Cash Statement

| | |
|---|--------------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>3,241.10</u> |
| 13. Cash Receipts Column A, Line 3 above | 0 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0 |
| 15. Cash Payments Column A, Line 8 above | 0 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>3,241.10</u> |

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

* 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), Loans Made (Line 7), and Accrued Expenses (Line 9).

| | |
|---|------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b) | \$ 0 |
|---|------|

Cash Equivalents and Outstanding Debts

| | |
|---|------|
| 18. Cash Equivalents See instructions on reverse | \$ 0 |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column C above | \$ 0 |

Summary for Candidates in Both June and November Elections

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ 0 | |
| 21. Expenditures Made | \$ 0 | |

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>6/30/00</u> through <u>10/5/00</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>16</u> |
| I.D. NUMBER 980198 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan S. Nakanishi

| DATE RECEIVED | FULL NAME, MAILING 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) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|---------------|--|--|---|-----------------------------|--|---|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH | | | | |

SUBTOTAL \$ 0

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 0
- Amount received this period – unitemized contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 0

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

**Schedule B – Part 1
Loans Received**

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

| | |
|--|----------------------------|
| Statement covers period from <u>6/30/00</u> through <u>10/5/00</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>16</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|----------------------------------|
| NAME OF FILER Alan S. Nakanishi | I.D. NUMBER 980198 |
|---|----------------------------------|

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LENDER INFORMATION | | | GUARANTOR INFORMATION | |
|--------------------|---|--|--|--------------------------------------|--------------------|--|---|--|
| | | | | DUE DATE/ INTEREST RATE | (a) AMOUNT OF LOAN | CUMULATIVE TO DATE | (b) AMOUNT GUARANTEED | CUMULATIVE TO DATE |
| | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH | | DUE DATE INTEREST RATE _____ % | | CALENDAR YEAR \$ _____ OTHER \$ _____ | | CALENDAR YEAR \$ _____ OTHER \$ _____ |
| | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH | | DUE DATE INTEREST RATE _____ % | | CALENDAR YEAR \$ _____ OTHER \$ _____ | | CALENDAR YEAR \$ _____ OTHER \$ _____ |
| | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH | | DUE DATE INTEREST RATE _____ % | | CALENDAR YEAR \$ _____ OTHER \$ _____ | | CALENDAR YEAR \$ _____ OTHER \$ _____ |
| SUBTOTAL \$ | | | | | | | Enter (b) on Summary Page, Line 17 only. \$ | |

Schedule B – Part 1 Summary

- 1. Loans of \$100 or more received this period. (Include all Loans Received – Part 1 (a) subtotals.) \$ 0
- 2. Amount received this period – unitemized loans of less than \$100 \$ 0
- 3. Total loans received this period. (Add Lines 1 and 2.) **TOTAL \$** 0

Schedule B – Part 2 Summary

- 4. Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ 0
- 5. Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ 0
- 6. Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 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 2. **NET \$** 0

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

May be a negative number.

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|--|--------------------------------|
| Statement covers period from <u>6/30/00</u> through <u>10/5/00</u> | CALIFORNIA FORM 460 |
| | Page <u>8</u> of <u>14</u> |
| I.D. NUMBER 980198 | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alan S. Nakanishi

| DATE RECEIVED | FULL NAME, MAILING 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|---------------|---|--|--|----------------------------------|---------------------------|---|--|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 0
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 0

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

| | |
|--|---|
| Statement covers period from <u>6/30/00</u> through <u>10/5/00</u> | SCHEDULE D CALIFORNIA FORM 460 |
| | Page <u>9</u> of <u>14</u> |
| Alan S. Nakanishi | |
| 980198 | |

SEE INSTRUCTIONS ON REVERSE

| DATE | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE AMOUNT |
|--------------------|--|--|---|--------------------|--|
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | | Calendar Year \$ _____ Other \$ _____ |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | | Calendar Year \$ _____ Other \$ _____ |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | | Calendar Year \$ _____ Other \$ _____ |
| SUBTOTAL \$ | | | | 0 | |

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 0

**Schedule E
Payments Made**

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

Statement covers period
from 6/30/00
through 10/5/00

SCHEDULE E

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan S. Nakanishi

I.D. NUMBER

980198

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND Independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 0

Schedule E Summary

- | | |
|--|--------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ <u>0</u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u>0</u> |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) | \$ <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>0</u> |

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

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

SCHEDULE F

Statement covers period
from 6/30/00
through 10/5/00

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan S. Nakanishi

I.D. NUMBER

980198

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|-----------------------------------|---|---------------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

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

SCHEDULE G

| | |
|--|--------------------------------|
| Statement covers period from <u>6/30/00</u> | CALIFORNIA FORM 460 |
| through <u>10/5/00</u> | |
| Page <u>12</u> of <u>16</u> | |
| I.D. NUMBER 980198 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alan S. Nakanishi

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | 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.

**Schedule H – Part 1
Loans Made to Others***

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

Statement covers period
from 6/30/00
through 10/5/00

SCHEDULE H - PART 1

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan S. Nakanishi

I.D. NUMBER

980198

| DATE OF LOAN | NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | INTEREST RATE | DUE DATE | AMOUNT |
|--------------|---|---------------|----------|--------|
| | | | | |
| | | | | |
| | | | | |

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D.

SUBTOTAL \$ 0

Schedule H – Part 1 Summary

- 1. Loans of \$100 or more made this period. (Include all Loans Made – Part 1 subtotals.) \$ 0
- 2. Unitemized loans under \$100 made this period \$ 0
- 3. Total loans made this period. (Add Lines 1 and 2.) **TOTAL \$** 0

Schedule H – Part 2 Summary

- 4. Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more forgiven by this committee – Part 2 (a) subtotals. If forgiven, also itemize on Schedule E.) \$ 0
- 5. Unitemized payments received on loans under \$100. (Including a forgiveness.) \$ 0
- 6. 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 7.) **NET \$** 0
May be a negative number

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

| | |
|--|--------------------------------|
| Statement covers period from <u>6/30/00</u> through <u>10/5/00</u> | CALIFORNIA FORM 460 |
| | Page <u>16</u> of <u>16</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan S. Nakanishi

I.D. NUMBER

980198

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Schedule I Summary

- 1. Increases to cash of \$100 or more this period. \$ 0
- 2. Unitemized increases to cash under \$100 this period. \$ 0
- 3. Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).)..... \$ 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 \$ 0