

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

Type or print in ink.

COVER PAGE

RECEIVED  
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USAN J. BLACKSTON  
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CITY OF LOS ANGELES

CALIFORNIA FORM **460**

Page 1 of 21

For Official Use Only

Statement covers period  
from 01/01/1999  
through 12/31/1999

Date of election if applicable:  
(Month, Day, Year)  
11/07/2000

SEE INSTRUCTIONS ON REVERSE

**2. Type of Statement:**

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

Additional information received after filing:  
\_\_\_\_\_

**3. Committee Information**

I.D. NUMBER  
991831

Nakanishi for Senate

STREET ADDRESS (NO P.O. BOX)  
2495 W. March Lane, Ste. 204  
CITY STATE ZIP CODE AREA CODE/PHONE  
Stockton, CA 95267 (209) 477-7221

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
P.O. Box 7095  
CITY STATE ZIP CODE AREA CODE/PHONE  
Stockton, CA 95267

OPTIONAL: FAX/E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Vona Copp  
MAILING ADDRESS  
8958 Ivanpah Court  
CITY STATE ZIP CODE AREA CODE/PHONE  
Elk Grove, CA 95624 916/686-1815

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

<b>CALIFORNIA FORM 460</b>	
Page <u>2</u> of <u>21</u>	

**4. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Dr. Alan Nakanishi

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
; District 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)    CITY    STATE    ZIP  
1617 St. Marks Plaza, Suite D    Stockton, CA    95202

**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	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

**5. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT  
Dr. Alan Nakanishi

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 10/4/00  
DATE

Executed on 9/29/2000  
DATE

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

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

By Jona L. Copp  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Alan Nakanishi  
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**

SUMMARY PAGE

Statement covers period from <u>01/01/1999</u> through <u>12/31/1999</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>21</u>
	I.D. NUMBER 991831

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Nakanishi for Senate

**Contributions Received**

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C (ADD COLUMNS A + B) TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 125163.00	\$ 0.00	\$ 125163.00
2. Loans Received .....	Schedule B, Line 7	25000.00	0.00	25000.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 150163.00	\$ 0.00	\$ 150163.00
4. Non-monetary Contributions .....	Schedule C, Line 3	0.00	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 150163.00	\$ 0.00	\$ 150163.00

**Expenditures Made**

6. Payments Made .....	Schedule E, Line 4	\$ 17509.75	\$ 0.00	\$ 17509.75
7. Loans Made .....	Schedule H, Line 7	0.00	0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	17509.75	0.00	17509.75
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	0.00	0.00	0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	0.00	0.00	0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 17509.75	\$ 0.00	\$ 17509.75

**Current Cash Statement**

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts .....	Column A, Line 3 above	150163.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00
15. Cash Payments .....	Column A, Line 8 above	17509.75
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 132653.25

*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).

**Summary for Candidates in Both June and November Elections**

1/1 through 6/30      7/1 to Date

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part I, Column (b)	\$ 0.00
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column C above	\$ 25000.00

20. Contributions Received .....	\$ _____
21. Expenditures Made .....	\$ _____

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/1999</u> through <u>12/31/1999</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>21</u>
D. NUMBER 991831	

SEE INSTRUCTIONS ON REVERSE

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)
10/13/1999	s. Maro Sasaki 4591 Orange Ave, Unit 206 Long Beach, CA 90807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$200.00	\$200.00	
10/13/1999	Geraldine Schook 906 Kirkwood Drive Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$200.00	\$200.00	
10/13/1999	Senate Republican Leadership Fund ( #980879 ) 1008 Tenth Street, #389 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$50,000.00	\$50,000.00	
10/14/1999	Ken Mar 5230 Hildreth Ln. Stockton, CA 95212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Retired	\$200.00	\$200.00	
10/15/1999	Mrs. Susan Nakanishi 1136 Junewood Ct. Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Homemaker	\$800.00	\$800.00	

**SUBTOTAL \$ 51400.00**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 124700.00
- Amount received this period - unitemized contributions of less than \$100 ..... \$ 463.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 125163.00

\*Contributor Codes  
IND -- Individual  
COM -- Recipient Committee  
OTH -- Other

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/1999</u> through <u>12/31/1999</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>21</u>
	I.D. NUMBER 991831

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi r Senate

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)
10/15/1999	Marilyn West 416 N.W. Heard Street Myrtle Creek, OR 97457	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
10/18/1999	Charlotte Francischine P.O. Box 130 San Geronimo, CA 94963	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Homemaker	\$200.00	\$200.00	
10/20/1999	Ruth M. Maruoka 6637 Swan Street Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
10/20/1999	John P. Talbot 800 Maplewood Dr. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Financial Consultant Self-Employed	\$200.00	\$200.00	
10/25/1999	Masu Yamaguchi 375 30th Street San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Seamstress Self-Employed	\$200.00	\$200.00	
10/27/1999	Benjamin Shinseki 672 Royal Glen Dr. San Jose, CA 95133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
				900.00		

\*Contributor Codes  
IND -- Individual  
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OTH -- Other

FPPC Form 460 (8/99)  
For Technical Assistance: 916/322-5660

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

Statement covers period

SC [REDACTED]  
C [REDACTED]

SEE INSTRUCTIONS ON REVERSE

through 12/31/1999

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NAME OF FILER

Nakanishi f r Senate

I.D. NUMBER

991831

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)
10/31/1999	Louie Dalporto 1110 W. Monterey Avenue Stockton, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
10/31/1999	Keep It Simple Engineering, Inc. 1144 Junewood Ct. Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
10/31/1999	Peter T. Uyeyama 1209 14th Street Modesto, CA 95354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Dentist Self-Employed	\$200.00	\$200.00	
11/10/1999	John Gemelos 456 Hollywood Tracy, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$500.00	\$500.00	
11/11/1999	Leonard Kuninobu 46-402 Holoanai Way Kaneohe, HI 96744	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Self-Employed	\$100.00	\$100.00	
11/13/1999	Dr. Fred Bunch 2125 Grnoble Drive Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Oral Surgeon Self-employed	\$500.00	\$500.00	
<b>SUBTOTAL \$</b>				1900.00		

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OTH -- Other

FPPC Form 460 (8/99)  
For Technical Assistance: 916/322-5660

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/1999</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/1999</u>	

SEE INSTRUCTIONS ON REVERSE

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Nakanishi for Senate

I.D. NUMBER  
991831

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 - D)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11/13/1999	Judy Bunch 2125 Grenoble Dr. Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Homemaker	\$500.00	\$500.00	
11/16/1999	Dr. Frank Kim 9 W. Banbury Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Self-Employed	\$100.00	\$100.00	
11/16/1999	Dr. Rene Marasigan 4378 Mallard Creek Circle Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Physician Self-employed	\$1,000.00	\$1,000.00	
11/17/1999	Mrs. Masako T. Agari 1308 Monroe Stockton, CA 95206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Self-Employed	\$1,000.00	\$1,000.00	
11/18/1999	Richard T. Bartlett 8412 Oriol Oak Court Citrus Heights, CA 95610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Sales Representative Alcon	\$200.00	\$200.00	
11/21/1999	James Chang 46868 Avalon Heights Terrace Fremont, CA 94539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Judge State of California	\$100.00	\$100.00	
<b>SUBTOTAL \$</b>				2900.00		

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FPPC Form 460 (8/99)  
For Technical Assistance: 916/322-5660

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/1999</u> through <u>12/31/1999</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Senate	I.D. NUMBER 991831
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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)
11/24/1999	Mitsuo Sakai 406 Black Oak Way Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
11/26/1999	Takayuki Kishida 789 E. Armstrong Road Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
11/26/1999	Kyser Shimasaki 4412 Mallard Creek Circle Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$500.00	\$500.00	
11/26/1999	YAG Enterprises, Inc. 1329 Elkhorn Dr. Stockton, CA 95209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
11/28/1999	Mr. Adam Dados 1101 Junewood Drive Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Street Contractor Self-Employed	\$200.00	\$200.00	
11/29/1999	Mr. Barry Saiki 2937 Wagner Heights Stockton, CA 95209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$200.00	\$200.00	

**SUBTOTAL \$ 1600.00**

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FPPC Form 460 (8/99)  
For Technical Assistance: 916/322-5660

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/1999</u> through <u>12/31/1999</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Nakanishi for Senate	I.D. NUMBER 991831
---------------------------------------	-----------------------

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)
11/30/1999	Ventura Medical Society 625 E. Santa Clara St.  Ventura, CA 93001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
12/02/1999	Charles Irwin P.O. Box 189  Lodi, CA 95241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Graveyard Adm.  Chereokee Memorial Park	\$500.00	\$500.00	
12/03/1999	Ruth Radmore 3824 Hubbard Ave.  Stockton, CA 95215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$200.00	\$200.00	
12/05/1999	Kurt Hatterle 2240 W. Turner Road  Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Warehouse Mgr.  Western Farm Service	\$100.00	\$200.00	
12/06/1999	Gladys Logan 1100 W. Pine Street  Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
12/08/1999	Mr. James W. Baum 3380 East Woodbridge Road  Acampo, CA 95220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner  Mobil Devel-op	\$100.00	\$100.00	
<b>SUBTOTAL \$</b>				1500.00		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>01/01/1999</u>	
through <u>12/31/1999</u>	Page <u>10</u> of <u>21</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Senate	I.D. NUMBER 991831
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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)
12/08/1999	Edward Cahill 8810 Alhambra Ave. Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician  Self-Employed	\$250.00	\$250.00	
12/09/1999	Mr. Fred Baker 317 W. Lodi Avenue Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Attorney  Self-Employed	\$500.00	\$500.00	
12/10/1999	Ms. Phyllis Roche 16293 N. Tecklenburg Rd. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Homemaker	\$100.00	\$100.00	
12/13/1999	Mr. George R. Herron 105 W. Pine Street Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$300.00	\$300.00	
12/14/1999	Mr. Keiji Fujinaka 2016 E. Armstrong Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer  Self-Employed	\$500.00	\$500.00	
12/16/1999	Friends of Jim Brulte ( #962673 ) P.O. Box 241 Rancho Cucamonga, CA 01729	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$50,000.00	\$50,000.00	

**SUBTOTAL \$ 51650.00**

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OTH -- Other

FPPC Form 460 (8/99)  
For Technical Assistance: 916/322-5660

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/1999</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/1999</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Senate	I.D. NUMBER 991831
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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)
12/16/1999	Mr. Shoji Shimasaki 4475 Mallard Creek Circle Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$500.00	\$500.00	
12/17/1999	Baffoni Properties 1175 Orangewood Drive Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
12/20/1999	Harold S. Aoyama 120 W. El Campo Avenue Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$500.00	\$500.00	
12/21/1999	Kurt Hatterle 2240 W. Turner Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Warehouse Mgr. Western Farm Service	\$100.00	\$200.00	
12/24/1999	Stanley Nakamura 2221 Gambels Way Santa Rosa, CA 95403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$2,500.00	\$2,500.00	
12/27/1999	R.L. French 1308 W. Robinhood Drive Suite 14 Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Developer French Properties	\$5,000.00	\$5,000.00	

**SUBTOTAL \$ 9100.00**

\*Contributor Codes  
IND -- Individual  
COM -- Recipient Committee  
OTH -- Other

FPPC Form 460 (8/99)  
For Technical Assistance: 916/322-5660

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/1999</u> through <u>12/31/1999</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>21</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Senate	I.D. NUMBER 991831
---------------------------------------	-----------------------

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)
12/28/1999	Dr. Andrew Chen 521 S. Ham Lane, Suite A Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician  Delta Eye Medical	\$1,000.00	\$1,000.00	
12/29/1999	Stephen Hansen P.O. Box 1055 Lodi, CA 95241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Educator	\$250.00	\$250.00	
12/31/1999	Jennifer Cooper 2310 Monument Drive Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Educator	\$1,500.00	\$1,500.00	
12/31/1999	Jon Nakanishi 5051 El Don Apt. 904 Rocklin, CA 95677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Attorney  Self-Employed	\$1,000.00	\$1,000.00	
		<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 \$ 3750.00**

\*Contributor Codes  
IND -- Individual  
COM -- Recipient Committee  
OTH -- Other

FPPC Form 460 (8/99)  
For Technical Assistance: 916/322-5660

**Schedule B - Part I  
Loans Received**

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

SCHEDULE B - Part I

Statement covers period from <u>01/01/1999</u> through <u>12/31/1999</u>	<b>CALIFORNIA FORM 460</b>
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	I.D. NUMBER 991831

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

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
12/30/1999	Dr. Alan S. Nakanishi 1136 Junewood Ct. Lodi, CA 95240 <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Physician  Delta Eye Med. Group	Due Date N/A  Interest Rate 0.00 %	25000.00	Calendar Year  \$ 25000.00		Calendar Year  \$ _____
	<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  \$ _____		Calendar Year  \$ _____
	<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  \$ _____		Calendar Year  \$ _____
				<b>SUBTOTAL</b>	\$ 25000.00		\$	Enter (b) on Summary Page, Line 7 only.

**Loans Received - Part 1 Summary**

- 1. Loans of \$100 or more received this period. (Include all Loans Received - Part 1 (a) subtotals.) .....\$ 25000.00
- 2. Amount received this period -- unitemized loans of less than \$100 .....\$ 0.00
- 3. Total loans received this period. (Add Lines 1 and 2.) ..... **TOTAL** \$ 25000.00

**Loans Received - 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.) ..... \$ 0.00
- 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. .... \$ 0.00
- 6. Total loans repaid, forgiven, or paid by a third party this period (Add Lines 4 + 5.) ..... **TOTAL** \$ ( 0.00 )
- 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** \$ 25000.00  
May be a negative number.

**\*Contributor Codes**  
IND -- Individual  
COM -- Recipient Committee  
OTH -- Other



**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from 01/01/1999 through 12/31/1999	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

**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
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560  Sacramento, CA 95814	CNS		\$4,000.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560  Sacramento, CA 95814		Automobile mileage, Cell phone call	\$63.38
Secretary of State 1500 11th Street  Sacramento, CA 95812		Filing Fee	\$990.00

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

**SUBTOTAL \$ 5053.38**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 17460.34
2. Unitemized payments made this period of under \$100.	\$ 49.41
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 17509.75</b>

**Schedule L (Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period from 01/01/1999	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

LIT campaign literature and mailings  
MTG meetings and appearances

PRT print ads  
RAD radio airtime and production costs

VOT voter registration  
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
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814		Research	\$138.50
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	CNS		\$6,000.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT		\$100.35
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT		\$41.73
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT		\$41.73

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

**SUBTOTAL \$ 6322.31**

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

**Schedule L (Continuation Sheet)  
Payments Made**

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

SCHEDULE L (CONT.)

Statement covers period from <u>01/01/1999</u> through <u>12/31/1999</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Nakanishi for Senate

**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
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560  Sacramento, CA 95814	OFC		Data Services	\$25.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560  Sacramento, CA 95814	CNS			\$4,000.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560  Sacramento, CA 95814	POS			\$312.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560  Sacramento, CA 95814			Broadcast Fax	\$205.46
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560  Sacramento, CA 95814	POS			\$14.00

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

**SUBTOTAL \$ 4556.46**

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

**Schedule L (Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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Nakanishi for Senate		991831

SEE INSTRUCTIONS ON REVERSE

**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
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560  Sacramento, CA 95814	LIT			\$112.96
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560  Sacramento, CA 95814	OFC			\$151.87
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560  Sacramento, CA 95814	OFC			\$13.58
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560  Sacramento, CA 95814	CNS		Fundraising List	\$267.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560  Sacramento, CA 95814	TRS		Consultant Traveling Expense From Sacramento to Stockton	\$97.03

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

**SUBTOTAL \$ 642.44**

**Schedule L (Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period from <u>01/01/1999</u> through <u>12/31/1999</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

**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
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560  Sacramento, CA 95814	LIT			\$885.75

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

**SUBTOTAL \$ 885.75**

**Schedule C**  
**Payments Made by an Agent or Independent Contractor (on behalf of a Committee)**

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

SCHEDULE G

Statement covers period from <u>01/01/1999</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/1999</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Wayne C. Johnson & Assoc., Inc.

**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, ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Candace Amundson, Inc. 8250 Garino Lane Citrus Heights, CA 95610	PRO	Research & copies	\$138.50
Candace Amundson, Inc. 8250 Garino Lane Citrus Heights, CA 95610	LIT		\$125.00
Concord Technologies 2025 1st Ave., Ste. 800 Seattle, WA 98121	OFC	Broadcast Fax	\$175.46
US Postmaster State Capitol Branch Sacramento, CA 95814	LIT	Postage	\$165.00
Candace Amundson, Inc. 8250 Garino Lane Citrus Heights, CA 95610	OFC	Database & copies	\$133.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 736.96

\* 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 C (Continuation Sheet)  
Payments Made by an Agent or Independent Contractor (on behalf of a Committee)**

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

SCHEDULE C (CONT.)

Statement covers period from <u>01/01/1999</u> through <u>12/31/1999</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Wayne C. Johnson & Assoc., Inc.

**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, ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Atlantic List Company, Inc. 2425 Wilson Blvd., Ste. 500 Arlington, VA 22201			Database	\$217.00
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT			\$587.24

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL\*** \$ 804.24

\* 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