

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of

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

SUPPORT
 OPPOSE

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 10/25/00
DATE

Executed on 10/24/2000
DATE

Executed on _____
DATE

Executed on _____
DATE

By Jona J. Copp
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**

SUMMARY PAGE

Statement covers period from <u>07/01/2000</u>	CALIFORNIA FORM 460
through <u>09/30/2000</u>	
Page <u>3</u> of <u>60</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	\$ 221816.00	\$ 325943.00	\$ 547759.00
2. Loans Received	Schedule B, Line 7	11000.00	76000.00	87000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 232816.00	\$ 401943.00	\$ 634759.00
4. Non-monetary Contributions	Schedule C, Line 3	26407.96	173.29	26581.25
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 259223.96	\$ 402116.29	\$ 661340.25

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 102903.48	\$ 346692.81	\$ 449596.29
7. Loans Made	Schedule H, Line 7	0.00	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	102903.48	346692.81	449596.29
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 30476.92	\$ 20792.80	\$ 51269.72
10. Nonmonetary Adjustment	Schedule C, Line 3	26407.96	173.29	26581.25
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 159788.36	\$ 367658.90	\$ 527447.26

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 162903.44
13. Cash Receipts	Column A, Line 3 above	232816.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	3250.00
15. Cash Payments	Column A, Line 8 above	102903.48
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 296065.96

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	\$ 138269.72

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>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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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)
07/01/2000	Victoria A. Miller 13550 E. Louise Avenue Ripon, CA 95366	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer Self-Employed	\$100.00	\$100.00	
07/01/2000	Chisato Watanabe 3105 Moon Avenue Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
07/02/2000	Barbara Doucette 1909 Mimosa Drive Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Homemaker	\$100.00	\$100.00	
07/05/2000	F.E. Blincoe P.O. Box 30008 Stockton, CA 95213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
07/05/2000	F&H Construction P.O. Box 55245 Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	

SUBTOTAL \$ 1400.00

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ 219954.00
2. Amount received this period - unitemized contributions of less than \$100	\$ 1862.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 221816.00

*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>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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NAME OF FILER

Nakanishi for Senate

I.D. NUMBER

991831

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07/05/2000	Abraham M. Morikone, DDS 7248 So. Land Park Drive Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Dentist Self-Employed	\$200.00	\$200.00	
07/05/2000	Tak Nomura 1652 Waxwing Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
07/05/2000	Savilla Enterprises 2465 W. Vernalis Road Tracy, CA 95376	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	
07/06/2000	Brigida Alvarez 8606 West Schulte Tracy, CA 95304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer Self-Employed	\$100.00	\$100.00	
07/06/2000	Ruby Fujinaka 12152 No. Lower Sacramento Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer	\$70.00	\$180.00	
07/06/2000	Ruby Fujinaka 12152 No. Lower Sacramento Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer	\$110.00	\$180.00	

SUBTOTAL \$ 780.00

*Contributor Codes
IND -- Individual
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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 from <u>07/01/2000</u>	CALIFORNIA FORM 460
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I.D. NUMBER

991831

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07/07/2000	Mayko Horita 3728 Gleneagles Drive Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Homemaker	\$100.00	\$200.00	
07/08/2000	Pamma Farms 9850 Sheldon Avenue Live Oaks, CA 95953	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
07/12/2000	Theodore T. Katzakian P.O. Box 1033 Woodbridge, CA 95258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Realtor/Building Contractor Self-Employed	\$250.00	\$250.00	
07/14/2000	Granite Construction Co. Box 50085 Watsonville, CA 95077	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
07/18/2000	Western Electrical Contractors Association Inc (#991225) Good Government PAC 455 Capitol Mall, Ste. 801 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
07/19/2000	Beverly Enterprises, Inc. One Thousand Beverly Way Fort Smith, AR 72919	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
SUBTOTAL \$				3100.00		

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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.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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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)
07/19/2000	Ben Y. Curran P.O. Box 414 Tracy, CA 95378	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Realtor Curran/GMAC Real Estate	\$250.00	\$250.00	
07/19/2000	Francis C. Hertzog, Jr. 2977 Redondo Avenue Long Beach, CA 90806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Eye Surgeon	\$100.00	\$100.00	
07/19/2000	Julie H. Low 5107 Virtue Arc Dr. Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
07/19/2000	Thomas P. McKenzie 851 Tilden Drive Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$500.00	\$500.00	
07/20/2000	MDS Family Partners I 1036 W. Robinhood Drive, Ste. 202 Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$2,000.00	\$2,000.00	
07/22/2000	O.B. Kleinfeld and Co. 949 N. Center Street, Ste. A Stockton, CA 95202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	

SUBTOTAL \$ 3950.00

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

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SCHEDULE A (CONT.)

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07/27/2000	Phillip Balmat 2027 Grand Canal Blvd., No. 32 Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$250.00	\$250.00	
08/11/2000	Lloyd A. DeBock 1330 W. Fremont St. Stockton, CA 95201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Insurance Broker DeBock & Muth Insurance Agency	\$250.00	\$250.00	
08/11/2000	H&D Electric Inc. 5306 Walnut Avenue Sacramento, CA 95841	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
08/11/2000	Helen Reyes 5354 Serenade Lane Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
08/11/2000	Michele Sprague 19015 N. Davis Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$500.00	\$500.00	
08/11/2000	Kenneth J. Wagner 3153 W. Sonoma Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$350.00	\$350.00	
SUBTOTAL \$				2450.00		

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FPPC Form 460 (8/99)
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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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991831

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08/11/2000	Ms. Eileen Yamamura 8526 Solano Avenue Stockton, CA 95209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Pharmacist	\$100.00	\$200.00	
08/18/2000	Joyce Amundson 8200 Short Road Sacramento, CA 95828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Homemaker	\$200.00	\$300.00	
08/18/2000	Dr. Gilbert W. Cleasby 1400 Geary Blvd. San Francisco, CA 94109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Physician Self-Employed	\$5,000.00	\$7,000.00	
08/18/2000	Robert J. Deitz, II 1914 Lotus Road Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner Government Technology Solutions	\$500.00	\$500.00	
08/18/2000	L.E. Eastburg 24664 S. Mohler Road Ripon, CA 95366	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$250.00	\$250.00	
08/18/2000	Margaret Eastburg 24664 S. Mohler Road Ripon, CA 95366	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$250.00	\$250.00	

SUBTOTAL \$ 6300.00

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FPPC Form 460 (8/99)
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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 from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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08/18/2000	Perman Bros. 350 East Peltier Road Acampo, CA 95220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$5,000.00	\$5,000.00	
08/24/2000	Barbara J. Arnold, M.D. 2760 Curtis Way Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Barbara J. Arnold, M.D.	\$200.00	\$200.00	
08/24/2000	Keith Bewley 2516 Virginia Lane Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
08/24/2000	California Republican Assembly (#930719) of San Joaquin County P.O. Box 690268 Stockton, CA 95269	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$100.00	\$100.00	
08/24/2000	Robert L. French 5713 Pintail Court Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$750.00	\$750.00	
08/24/2000	Vasko Electric Inc. 4300 Astoria Street Sacramento, CA 95838	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	

SUBTOTAL \$ 7150.00

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

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2000</u>	CALIFORNIA FORM 460
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NAME OF FILER Nakanishi ;	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)
08/31/2000	Norman L. Rogers 1500 7th Street, #13N Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		\$250.00	\$250.00	
08/31/2000	The James Company 1776 W. March Lane, Ste. 360 Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
09/05/2000	Jane Klein 11 Atherton Island Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Homemaker	\$250.00	\$500.00	
09/08/2000	Pacific BioLogic P.O. Box 520 Clayton, CA 94517	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	
09/14/2000	Big Valley Ford P.O. Box 690398 Stockton, CA 95269	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
09/14/2000	California Right to Life PAC P.O. Box 4143 Napa, CA 94558	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$2,000.00	\$2,000.00	

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

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SCHEDULE A (CONT.)

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09/14/2000	Doornenbal Dairy 19116 E. Lone Tree Road Escalon, CA 95320	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$350.00	
09/14/2000	Fred A. Douma Dairy 28524 Kasson Road Tracy, CA 95304	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
09/14/2000	Dr. Gurinder Singh Grewal 830 Liberty Court Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$500.00	\$500.00	
09/14/2000	Betty S. Hiji 91 Pino Ct. Camarillo, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$250.00	\$250.00	
09/14/2000	Yoshiko Kim 924 Virginia Avenue Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
09/14/2000	S&H Hand Second Family LLP 36 W. Yokuts Avenue Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	

SUBTOTAL \$ 2350.00

*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>07/01/2000</u>	CALIFORNIA FORM 460
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NAME OF FILER Nakanishi r 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)
09/14/2000	Gerald K. Takehara 27 Six Rivers Circle Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
09/18/2000	Aziz Kamali, M.D., Inc. 1610 N. El Dorado St., Ste. 17 Stockton, CA 95204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
09/18/2000	Louis Barber 222 E. Acacia Stockton, CA 95202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician	\$1,000.00	\$1,200.00	
09/18/2000	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	
09/18/2000	Jane Belcher 3733 N. Merrimac Circle Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Homemaker	\$50.00	\$150.00	
09/18/2000	Morey Egusa 1646 E. French Camp Road Manteca, CA 95336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$250.00	\$250.00	

SUBTOTAL \$ 2500.00

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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.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2000</u>	CALIFORNIA FORM 460
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Nakanishi :

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)
09/18/2000	R. Scott Foster 36 W. Yokuts Ave., Ste. 1 Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Self-Employed	\$100.00	\$200.00	
09/18/2000	George Kishida, Inc. 1725 Ackerman Drive Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$350.00	
09/18/2000	A.G. Spanos 1341 W. Robinhood Drive Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$1,000.00	\$1,000.00	
09/19/2000	George D. Chen 1900 E. Mettler Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Delta Eye Center	\$1,000.00	\$11,175.00	
09/19/2000	L.D. Hildebrand 1615 Lincoln Road Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$500.00	\$500.00	
09/19/2000	W.H. Williams 8000 N. Clements Rd. Linden, CA 95236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$50.00	\$200.00	

SUBTOTAL \$ 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.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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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)
09/21/2000	Carl J. Fink 40 So. Mills Ave. Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$250.00	\$450.00	
09/21/2000	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	\$200.00	\$200.00	
09/21/2000	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	
09/21/2000	Frank E. Schetter 209 Delta Oaks Way Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
09/22/2000	Mr. Jerry Fisher 24081 S. Austin Rd. Ripon, CA 95366	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$200.00	
09/22/2000	Arthur Nakashima 5045 E. Morada Lane Stockton, CA 95212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Retired	\$125.00	\$675.00	

SUBTOTAL \$ 875.00

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

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

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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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 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09/22/2000	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	\$250.00	\$1,900.00	
09/22/2000	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	\$100.00	\$200.00	
09/25/2000	California Republican Party (#810163) 1903 West Magnolia Blvd. Burbank, CA 91506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$150,000.00	\$176,407.96	
09/25/2000	Lagorio Communications 2771 E. French Camp Road Manteca, CA 95336	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
09/25/2000	Jerry L. Moore 976 W. Mariposa Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$1,000.00	\$1,000.00	
09/26/2000	Judy Bunch 2125 Grenoble Dr. Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Homemaker	\$375.00	\$375.00	

SUBTOTAL \$ 152725.00

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

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

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to whole dollars.

SCHEDULE A (CONT.)

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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)
09/26/2000	James G. Heather 10095 Creek Trail Circle Stockton, CA 95209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	CPA	\$250.00	\$600.00	
09/26/2000	Jensen & Jensen Attorneys 1514 H Street Modesto, CA 95354	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
09/26/2000	Lien Nguyen M.D., Inc. 7743 West Lane, Ste. B-1 Stockton, CA 95210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
09/26/2000	Petrovich Inc. 6238 Birdcage Street Citrus Heights, CA 95610	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$375.00	\$375.00	
09/26/2000	Southern California Contractors Association (#881014) Political Action Committee 6055 E. Washington Blvd., Ste. 200 Los Angeles, CA 90040	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$750.00	\$750.00	
09/26/2000	Robert H. Whitelock 9491 Maris Lane Elk Grove, CA 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$200.00	\$200.00	
SUBTOTAL \$				2175.00		

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

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

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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Nakanishi for 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)
09/26/2000	Carl B. Williams 10 Holiday Cove Court Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
09/29/2000	Larry D. Alkire 11474 Tunnel Hill Way Gold River, CA 95670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information requested	\$250.00	\$250.00	
09/29/2000	Juanita Bennett 709 W. Kettleman Lane Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner Bennet Realty & Bennett RV Sales	\$100.00	\$100.00	
09/29/2000	MR. Roger Blain 2993 Old Ranch Circle Stockton, CA 95209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$250.00	\$350.00	
09/29/2000	Boyd Thompson Associates P.O. Box 1436 Murphys, CA 95247	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	
09/29/2000	Caroline J. Brown 1141 Oxford Way Stockotn, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$150.00	

SUBTOTAL \$ 1000.00

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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.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for 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)
09/29/2000	Mr. Nat Brown 4207 Yacht Harbor Drive Stockton, CA 95204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Attorney Brown, Hall, and McKinley	\$500.00	\$1,000.00	
09/29/2000	Leroy A. Buller 835 W. Harney Lane Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
09/29/2000	Mr. Michael M. Crete 2884 E. Woodbridge Road Acampo, CA 95220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Businessman Self-Employed	\$5,000.00	\$10,000.00	
09/29/2000	Data Mailing Systems 1106 North D Street, No.14 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$400.00	\$400.00	
09/29/2000	Dolores N. Dayton 539 Willow Glen Drive Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
09/29/2000	Kevin Dejong 16040 N Tecklenburg Road Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
SUBTOTAL \$				6200.00		

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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.
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 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2000</u>	
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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)
09/29/2000	Jerome D. Ding 852 W. Menocino Avenue Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$200.00	\$200.00	
09/29/2000	Roger D. Elissagaray 1505 E. Valpico Road Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$1,000.00	\$1,000.00	
09/29/2000	Financial Center Credit Union 18 So. Center Street Stockton, CA 95202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$150.00	\$150.00	
09/29/2000	Clifford Goehring 1380 Golf Court Woodbridge, CA 95258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$450.00	\$450.00	
09/29/2000	Linda Hatterle J2240 W. Turner Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Informaiton Requested	\$200.00	\$200.00	
09/29/2000	Dr. Carol J. Higashi 3908 Glen Abby Circle Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RN Instructor Delta College	\$100.00	\$200.00	
SUBTOTAL \$				2100.00		

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

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

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2000</u>	CALIFORNIA FORM 460
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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)
09/29/2000	Maureen B. Hutz 1250 Rivergate Drive Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
09/29/2000	JA Grover Construction Inc. 3606 Dakota Avenue Modesto, CA 95358	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
09/29/2000	Elsie J. Janssen 11741 Cresthill Drive Elk Grove, CA 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
09/29/2000	Theron E. Johnson 1233 Woodside Glen Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Pilot			
09/29/2000	Jordan M. Usunov M.D. A Professional Corporation 3505 Lone Tree Way, Ste. 6 Antioch, CA 94509	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
09/29/2000	Dr. Chris Keszler 816 W. Lodi Avenue Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Dentist Self-Employed	\$50.00	\$1,050.00	

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

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

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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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)
09/29/2000	Kimmel Construction Inc. 1815 Stockton Blvd. Sacramento, CA 95816	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
09/29/2000	Irene Kludt 749 S. Crescent Avenue Lodi, CA 9524-2	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$50.00	\$150.00	
09/29/2000	Mayumi K. Kosugi 9800 Fernwood Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
09/29/2000	Charlyne E. Lauchland 15766 N. De Vries Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Self-Employed Farmer	\$25.00	\$125.00	
09/29/2000	Joe Mehrten 21941 E. Buena Vista Road Clements, CA 95227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
09/29/2000	Nancy D. Moore 7555 Herdlyn Road Byron, CA 94514	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
SUBTOTAL \$				875.00		

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For Technical Assistance: 916/322-5660

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

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SCHEDULE A (CONT.)

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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)
09/29/2000	Arthur Nakashima 5045 E. Morada Lane Stockton, CA 95212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Retired	\$125.00	\$675.00	
09/29/2000	Leroy Ornellas 20749 South Lammers Road Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$250.00	\$250.00	
09/29/2000	Jagdish Patel, M.D. 644 W. 12th Street Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
09/29/2000	Mr. B.T. Reeves P.O. Box 1278 Woodbridge, CA 95258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$200.00	\$200.00	
09/29/2000	Roek Properties Limited, LP P.O. Box 691118 Stockton, CA 95269	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
09/29/2000	Sacramento Area Fairness Employment PAC (#1222280) 455 Capitol Mall, Ste. 801 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$5,000.00	\$5,000.00	

SUBTOTAL \$ 5775.00

*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>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for 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)
09/29/2000	Marsha Sakai 406 Black Oak Way Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$200.00	\$200.00	
09/29/2000	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	\$450.00	
09/29/2000	San Joaquin Cardiology Medical Group, Inc. 2800 N. California Street, Ste. 14-A Stockton, CA 95204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
09/29/2000	Anthony F. Souza 105 E. 10th Street, Ste. 100 Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$500.00	\$600.00	
09/29/2000	Nick Spanos, Jr. 306 Shady Acres Dr. Lodi, CA 95422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Pharmacist Lodi Drug Co.	\$200.00	\$375.00	
09/29/2000	Stockmans Bank 9340 E. Stockton Blvd. Elk Grove, CA 95624	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$2,500.00	\$2,500.00	

*Contributor Codes
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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>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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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 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09/29/2000	Juliet L. Strahan 7752 Roberts River Way Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$1,000.00	\$1,000.00	
09/29/2000	Verla Suess 1243 South Avena Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$200.00	\$200.00	
09/29/2000	Teresi Trucking, Inc. P.O. Box 1270 Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,700.00	
09/29/2000	The Country Place 23577 Mt. House Parkway Tracy, CA 95376	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
09/29/2000	Tokay Realty P.O.Box 1259 Woodbridge, CA 95258	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$50.00	\$300.00	
09/29/2000	James J. Verseput 2120 W. Lodi Avenue Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner Right Way, Inc.	\$100.00	\$100.00	

SUBTOTAL \$ 2600.00

*Contributor Codes
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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.)

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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)
09/29/2000	Veteran's Press 3508 24th Street Sacramento, CA 95818	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
09/29/2000	W.E. Himmelman dba A/B Building 2550 Alhambra Blvd. Sacramento, CA 95817	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
09/29/2000	MR Frank Watase 2949 W. 226Th Street Torrence, CA 90505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$99.00	\$298.00	
09/29/2000	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	
09/29/2000	Bruce R. Willmette 2027 Grand Canal Blvd., Suite 33 Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Real Estate Appraiser Bambas & Willmette	\$100.00	\$200.00	
09/29/2000	Eileen K. Woods 8 N. Orange Avenue Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	

SUBTOTAL \$ 899.00

*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.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2000</u>	CALIFORNIA FORM 460
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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)
09/30/2000	Duarte Nursery 1556 Baldwin Road Hughson, CA 95326	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
09/30/2000	Gallo Cattle Company 10561 W. Highway 140 Atwater, CA 95301	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
09/30/2000	Guntert & Zimmerman 222 East Fourth Street Ripon, CA 95366	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
09/30/2000	Edith S. Katada 817 Third Street Earl City, HI 95782	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
09/30/2000	Orin A. Mallett 3239 Fairway Drive Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$ 2700.00

*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>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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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
09/29/2000	George D. Chen 1900 E. Mettler Road Lodi, CA 95242 <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Delta Eye Center	Due Date N/A Interest Rate 0.00 %	10000.00	Calendar Year \$ 11175.00		Calendar Year \$ _____
09/30/2000	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 %	1000.00	Calendar Year \$ 52000.00		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 \$ _____

SUBTOTAL \$ 11000.00 Enter (b) on Summary Page, line 17 only.

Loans Received - Part 1 Summary

- 1. Loans of \$100 or more received this period. (Include all Loans Received - Part 1 (a) subtotals.)\$ 11000.00
- 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 \$ 11000.00**

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 \$ 11000.00**
May be a negative number.

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

**Schedule C
Non-Monetary Contributions Received**

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

Statement covers period		CALIFORNIA FORM 460
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through	09/30/2000	Page 29 of 60
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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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09/28/2000	California Republican Party (#810163) 1903 West Magnolia Blvd. Burbank, CA 91506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		Mail piece printing and postage	\$25,192.96	\$176,407.96	
09/30/2000	Victory 2000 (#810163) California Republican Party 6380 Wilshire Blvd., Ste. 1600 Los Angeles, CA 90048	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		Office space - July 1 - November 30, 2000	\$1,215.00	\$176,407.96	
		<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 \$					26407.96		

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 26407.96
- Amount received this period - unitemized nonmonetary contributions of less than \$..... \$ 0.00
- 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 \$** 26407.96

***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 <u>07/01/2000</u>	CALIFORNIA FORM 460
through <u>09/30/2000</u>	
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I.D. NUMBER 991831	

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
AT&T Wireless Services P.O. Box 78110 Phoenix, AZ 85062-8110	OFC		\$95.36
Pacific Bell Political Accounts 666 Folsom Street, Room 1123 San Francisco, CA 94107	OFC		\$1,125.84
The Donegal Group 3508 24th Street Sacramento, CA 95818		Professional Services & printing	\$1,195.80

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

SUBTOTAL \$ 2417.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 102588.25
2. Unitemized payments made this period of under \$100.	\$ 315.23
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.)	TOTAL \$ 102903.48

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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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		\$106.51
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814		Mileage	\$76.48
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	CNS		\$5,000.00
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	FND		\$500.00
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	FND		\$1,540.39

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

SUBTOTAL \$ 7223.38

Schedule E (Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from 07/01/2000 through 09/30/2000	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

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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
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	PRO			\$6,000.00
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	LIT			\$2,866.00
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	PRO			\$3,000.00
Dell Marketing L.P. P.O. Box 21022 Pasadena, CA 91185-1022	OFC			\$2,560.21
Peirano Estate Tasting Room 21831 N. Hwy.99 Acampo, CA 95220	FND			\$800.00

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

SUBTOTAL \$ 15226.21

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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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
Steve Reid 1007 S. Country Club Blvd. Stockton, CA 95207		Professional Services & mileage	\$3,285.12
Steve Reid 1007 S. Country Club Blvd. Stockton, CA 95207		Equipment purchase, copies & miscellaneous expenses	\$500.00
US Postmaster Calaveras Station 1048 W. Robinhood Dr. Stockton, CA 95207	POS		\$99.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT		\$348.01
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT		\$323.25

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

SUBTOTAL \$ 4555.38

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

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

SCHEDULE E (CONT.)

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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
AT&T Wireless Services P.O. Box 78110 Phoenix, AZ 85062-8110	OFC			\$107.63
N & N Designs 12067 W. Lammers Road Tracy, CA 95376	FND			\$43.10
Pacific Bell Payment Center Sacramento, CA 95887-0001	OFC			\$719.59
Steve Reid 1007 S. Country Club Blvd. Stockton, CA 95207			Consultant fee and mileage	\$5,136.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	OFC			\$7.50

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

SUBTOTAL \$ 6013.82

Schedule E (Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

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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	CNS			\$5,000.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT			\$2,424.14
George Steckler 9529 Chapel Hill Court Stockton, CA 95209	FND		Photography	\$100.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	OFC			\$12.54
AT&T Wireless Services P.O. Box 78110 Phoenix, AZ 85062-8110	OFC			\$264.98

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

SUBTOTAL \$ 7801.66

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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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
Steve Reid 1007 S. Country Club Blvd. Stockton, CA 95207	POS			\$99.00
Steve Reid 1007 S. Country Club Blvd. Stockton, CA 95207	POS			\$100.00
Brownie's 1322 V Street Sacramento, CA 95818	LIT			\$310.32
Steve Reid 1007 S. Country Club Blvd. Stockton, CA 95207	CNS			\$500.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	OFC			\$45.97

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

SUBTOTAL \$ 1055.29

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

Nakanishi for Senate

I.D. NUMBER

991831

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	POL			\$4,030.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814				\$14.71
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	OFC			\$9.01
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	CNS			\$2,000.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814			VHS Tape dub	\$18.17

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

SUBTOTAL \$ 6071.89

Schedule E (Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2000</u>	CALIFORNIA FORM 460
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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
Ikon Office Solutions P.O. Box 284 Houston, TX 77001	OFC		\$1,107.46
Pacific Bell Payment Center Sacramento, CA 95887-0001	OFC		\$333.85
Pacific Bell Political Accounts 666 Folsom Street, Room 1123 San Francisco, CA 94107	OFC		\$1,154.34
Steve Reid 1007 S. Country Club Blvd. Stockton, CA 95207		Office expenses, copies and FedEx	\$2,000.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT		\$359.13

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

SUBTOTAL \$ 4954.78

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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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
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	OFC		\$1,042.45
Andrew Mercy 642 Adams Street Davis, CA 95616		Professional services fee and expenses	\$1,100.48
Steve Reid 1007 S. Country Club Blvd. Stockton, CA 95207		Consultant fee and mileage	\$5,179.84
John L. Rothra 8896 Liscarney Way Sacramento, CA 95828		Professional services, mileage and cell phone	\$1,877.08
Richard C. Staats 5850 Happy Pines Drive Foresthill, CA 95631	PRO		\$2,500.00

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

SUBTOTAL \$ 11699.85

Schedule E (Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2000</u>	CALIFORNIA FORM 460
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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
Pacific Bell Political Accounts 666 Folsom Street, Room 1123 San Francisco, CA 94107	OFC			\$1,268.84
AT&T Wireless Services P.O. Box 78110 Phoenix, AZ 85062-8110	OFC			\$45.04
Team California (#598036) 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	LIT			\$4,422.50
The Donegal Group 3508 24th Street Sacramento, CA 95818			Commission, mileage and printing	\$1,302.65
US Postmaster Calaveras Station 1048 W. Robinhood Dr. Stockton, CA 95207	POS			\$1,000.00

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

SUBTOTAL \$ 8039.03

Schedule E (Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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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	CMP			\$5,056.88
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	CNS			\$4,098.95
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT			\$13,097.29
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT			\$2,328.52
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT			\$2,545.11

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

SUBTOTAL \$ 27126.75

Schedule E (Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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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	PRT			\$136.00
Pacific Bell Political Accounts 666 Folsom Street, Room 1123 San Francisco, CA 94107	OFC			\$267.21

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

SUBTOTAL \$ 403.21

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

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

SCHEDULE F

Statement covers period from <u>07/01/2000</u>	CALIFORNIA FORM 460
through <u>09/30/2000</u>	
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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)

* 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	(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
The Donegal Group 3508 24th Street Sacramento, CA 95818	Professional Services & printing	1195.80	0.00	1195.80	0.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	106.51	0.00	106.51	0.00
Peirano Estate Tasting Room 21831 N. Hwy.99 Acampo, CA 95220	FND	800.00	0.00	800.00	0.00
SUBTOTAL \$		2102.31 \$	0.00 \$	2102.31 \$	0.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for) accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 51269.72
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on) accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 20792.80
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 30476.92

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

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

SCHEDULE F (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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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)

* 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	(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
Steve Reid 1007 S. Country Club Blvd. Stockton, CA 95207	Professional Services & mileage	3285.12	0.00	3285.12	0.00
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	FND	1540.39	0.00	1540.39	0.00
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	LIT	2866.00	0.00	2866.00	0.00
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	FND	500.00	0.00	500.00	0.00
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	PRO	6000.00	0.00	6000.00	0.00
SUBTOTAL		\$ 14191.51	\$ 0.00	\$ 14191.51	\$ 0.00

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

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

SCHEDULE F (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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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) |
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| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

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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
Team California (#598036) 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	LIT	4422.50	0.00	4422.50	0.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	OFC	0.00	198.98	0.00	198.98
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	0.00	93.95	0.00	93.95
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	0.00	4198.91	0.00	4198.91
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	Precinct Report	0.00	88.00	0.00	88.00
SUBTOTAL		\$ 4422.50	\$ 4579.84	\$ 4422.50	\$ 4579.84

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

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

SCHEDULE F (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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NAME OF FILER

Nakanishi for Senate

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|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
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| 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	(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
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	Research	0.00	529.00	0.00	529.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	POL	0.00	16824.00	0.00	16824.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	0.00	2627.76	0.00	2627.76
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	OFC	0.00	27.00	0.00	27.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	0.00	3737.69	0.00	3737.69
SUBTOTAL		0.00	23745.45	0.00	23745.45

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

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

SCHEDULE F (CONT.)

Statement covers period from <u>07/01/2000</u>	CALIFORNIA FORM 460
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NAME OF FILER

Nakanishi for Senate

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| 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	(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
Grapevine Independent 3338 Mather Field Road Rancho Cordova, CA 95670	PRT	0.00	1237.50	0.00	1237.50
The Donegal Group 3508 24th Street Sacramento, CA 95818	LIT	0.00	1557.13	0.00	1557.13
Andrew Mercy 642 Adams Street Davis, CA 95616	OFC	0.00	106.00	0.00	106.00
AT&T Wireless Services P.O. Box 78110 Phoenix, AZ 85062-8110	OFC	0.00	181.87	0.00	181.87
AT&T Wireless Services P.O. Box 78110 Phoenix, AZ 85062-8110	OFC	0.00	176.54	0.00	176.54
SUBTOTAL		\$ 0.00	\$ 3259.04	\$ 0.00	\$ 3259.04

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

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

SCHEDULE F (CONT.)

Statement covers period from <u>07/01/2000</u>	CALIFORNIA FORM 460
through <u>09/30/2000</u>	
Page <u>48</u> of <u>60</u>	
I.D. NUMBER 991831	

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)

* 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	(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
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	Printing & postage	0.00	550.36	0.00	550.36
Papapavlos 7555 Pacific Avenue Stockton, CA 95207	FND	0.00	520.68	0.00	520.68
N & N Designs 12067 W. Lammers Road Tracy, CA 95376	LIT	0.00	347.67	0.00	347.67
Steve Reid 1007 S. Country Club Blvd. Stockton, CA 95207	Fee, mileage & postage	0.00	5288.78	0.00	5288.78
Andrew Mercy 642 Adams Street Davis, CA 95616	Fee and mileage	0.00	2188.41	0.00	2188.41
SUBTOTAL		\$ 0.00	\$ 8895.90	\$ 0.00	\$ 8895.90

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

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

SCHEDULE F (CONT.)

Statement covers period from <u>07/01/2000</u>	CALIFORNIA FORM 460
through <u>09/30/2000</u>	
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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	(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
Richard C. Staats 5850 Happy Pines Drive Foresthill, CA 95631	OFC	0.00	112.25	0.00	112.25
John L. Rothra 8896 Liscarney Way Sacramento, CA 95828	Fee, mileage and office expenses	0.00	3407.76	0.00	3407.76
Vona Copp 8958 Ivanpah Court Elk Grove, CA 95624	Treasurer fee and expenses	0.00	2269.48	0.00	2269.48
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	CNS	0.00	5000.00	0.00	5000.00
SUBTOTAL \$		0.00 \$	10789.49 \$	0.00 \$	10789.49

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

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

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2000	
through	09/30/2000	Page 50 of 60

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Senate	I.D. NUMBER 991831
NAME OF AGENT OR INDEPENDENT CONTRACTOR Victoria Caldeira	

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
Brownie's 1322 V Street Sacramento, CA 95818	OFC			\$310.32
Staples 2415 West Kettleman Lane Lodi, CA 95242	OFC			\$220.48
OfficeMax 4733 Quail Lakes Dr. Stockton, CA	LIT			\$177.64
US Postmaster Calaveras Station 1048 W. Robinhood Dr. Stockton, CA 95207	POS			\$198.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 906.44

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

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

SCHEDULE G (CONT.)

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2000</u>	
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NAME OF FILER
Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Andrew Mercy

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
Pacific Bell Wireless Payment Center P.O. Box 989049 Sacramento, CA 95798	OFC			\$106.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 106.00

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

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

SCHEDULE G (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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NAME OF FILER
Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Steve Reid

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
OfficeMax 4733 Quail Lakes Dr. Stockton, CA			Printing	\$172.36
US Postmaster Calaveras Station 1048 W. Robinhood Dr. Stockton, CA 95207	POS			\$100.00
OfficeMax 4733 Quail Lakes Dr. Stockton, CA	OFC			\$107.74
OfficeMax 4733 Quail Lakes Dr. Stockton, CA	OFC			\$107.74
OfficeMax 4733 Quail Lakes Dr. Stockton, CA	OFC			\$224.53

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 712.37

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

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

SCHEDULE G (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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NAME OF FILER Nakanishi for Senate	I.D. NUMBER 991831
NAME OF AGENT OR INDEPENDENT CONTRACTOR Steve Reid	

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
OfficeMax 4733 Quail Lakes Dr. Stockton, CA			Copies	\$215.48
Staples 2415 West Kettleman Lane Lodi, CA 95242	OFC			\$203.38
US Postmaster Calaveras Station 1048 W. Robinhood Dr. Stockton, CA 95207	POS			\$462.00

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL* \$ 880.86**

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

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

SCHEDULE G (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
Nakanishi for Senate		991831

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 John L. Rothra

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
AT&T Wireless Services P.O. Box 78110 Phoenix, AZ 85062-8110	OFC		Cell phone	\$229.46

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 229.46

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

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

SCHEDULE G (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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	I.D. NUMBER 991831

NAME OF FILER
Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR
The Donegal Group

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
Pachyderm Press 1915 1/2 22nd Street Sacramento, CA 95816	LIT			\$1,557.13
Pachyderm Press 1915 1/2 22nd Street Sacramento, CA 95816	LIT			\$625.34

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 2182.47

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

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

SCHEDULE G (CONT.)

Statement covers period from <u>07/01/2000</u>	CALIFORNIA FORM 460
through <u>09/30/2000</u>	
Page <u>56</u> of <u>60</u>	
I.D. NUMBER 991831	

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
Brownie's 1322 V Street Sacramento, CA 95818	LIT			\$299.01
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT			\$1,676.00
Don Ediger 8591 Longspur Way Sacramento, CA 95843	POL			\$3,500.00
Steven Ding 2696 Eagle Rock Circle Stockton, CA 95209	CNS			\$2,000.00
Brownie's 1322 V Street Sacramento, CA 95818	LIT			\$293.08

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 7768.09

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

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

SCHEDULE G (CONT.)

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2000</u>	
through <u>09/30/2000</u>	Page <u>57</u> of <u>60</u>

NAME OF FILER Nakanishi for Senate	I.D. NUMBER 991831
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Concord Technologies P.O. Box 61000 San Francisco, CA 94161	OFC			\$198.98
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT			
Scharfenberger Co. 2534 Commerce Blvd. Cincinnati, OH 45241	CMP			
Tony Siciliani 212 Selby Ranch Road #7 Sacramento, CA 95864	LIT			\$3,203.00
Tony Siciliani 212 Selby Ranch Road #7 Sacramento, CA 95864	LIT			\$6,819.00

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL* \$ 16215.78**

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

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

SCHEDULE G (CONT.)

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
	Page <u>58</u> of <u>60</u>

NAME OF FILER
Nakanishi for Senate

I.D. NUMBER
991831

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
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT			\$753.44
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT			\$2,132.93
Kirk Hutson 1006 P Street, #3 Sacramento, CA 95814		Research		\$450.00
Tony Siciliani 212 Selby Ranch Road #7 Sacramento, CA 95864	LIT			\$3,517.47
Moore Information Inc. 178 SW Harrison Street Portland, OR 97201	POL			\$14,000.00

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL* \$ 20853.84**

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

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

SCHEDULE G (CONT.)

Statement covers period from <u>07/01/2000</u>	CALIFORNIA FORM 460
through <u>09/30/2000</u>	
Page <u>59</u> of <u>60</u>	I.D. NUMBER 991831

NAME OF FILER
 Nakanishi for Senate

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT			\$2,124.00
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT			\$2,995.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 5119.00

* 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 I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>07/01/2000</u> through <u>09/30/2000</u>	CALIFORNIA FORM 460
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I.D. NUMBER 991831	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
07/20/2000	Roberts Union Farm Center, Inc. 4925 W. Howard Road Stockton, CA 95206	Deposit refund	\$250.00
09/25/2000	California Republican Party (#810163) 1903 West Magnolia Blvd. Burbank, CA 91506	Voter Registration	\$1,714.20
09/25/2000	California Republican Party (Federal) 1903 West Magnolia Blvd. Burbank, CA 91506	Voter Registration	\$1,285.80

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 3250.00

Schedule I Summary

1. Increases to cash of \$100 or more this period. \$ 3250.00
2. Unitemized Increases to cash under \$100 this period. \$ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).) \$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 3250.00**

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660