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

COPY

Type or print in ink.

AMENDMENT

Date Stamp

RECEIVED
00 OCT 23 PM 3:34
SUSAN J. BLACKSTON
CITY CLERK
CITY OF LODI

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 15

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7-1-00
through 9-30-00

Date of election if applicable: (Month, Day, Year)
N/A

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

- [X] Officeholder, Candidate Controlled Committee *(Also Complete Part 4.)*
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 5.)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 6.)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Broad Based

2. Type of Statement:

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

All pages filing period incorrect
type of STATEMENT INCORRECT, cover page,
column C did not reflect sum. of col. A and B
column B was left blank

3. Committee Information

I.D. NUMBER: 981990

COMMITTEE NAME: ALAN NAKANISHI (Council Committee) FOR CITY COUNCIL

STREET ADDRESS (NO P.O. BOX): 1136 Junewood Ct.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95242	209-369-1826

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Jon Nakanishi

MAILING ADDRESS: 5051 El Don, Apt. # 904

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Rocklin,	CA	95677	915-315-3739

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
ALAN S. NAKANISHI

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

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

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

COMMITTEE NAME: Alan Nakanishi for City Council (Council Committee) | I.D. NUMBER: 981990

NAME OF TREASURER: Jon Nakanishi | CONTROLLED COMMITTEE? ☒ YES ☐ NO

COMMITTEE ADDRESS (STREET ADDRESS (NO P.O. BOX)): 1136 Junewood Ct.

CITY: Lodi | STATE: CA | ZIP CODE: 95242 | AREA CODE/PHONE: (209) 269-1826

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

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ 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 Oct 21, 2000 (DATE) By [signature] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on Oct 21, 2000 (DATE) By [signature] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period
from 7-1-00
through 9-30-00

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER
981990

Contributions Received

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

Expenditures Made

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

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 1,461.00
13. Cash Receipts	*Column A, Line 3 above*	0
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	0
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 1,461.00

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

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

Cash Equivalents and Outstanding Debts

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

* 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
20. Contributions Received	$ 0	0
21. Expenditures Made	$ 0	0

Schedu.. A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 7-1-00
through 9-30-00

Page 4 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ALAN S. NAKANISHI

I.D. NUMBER
981990

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)
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				
			SUBTOTAL $	0		

Schedule A Summary

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

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

Schedu. B – Part 1
Loans Received

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

Statement covers period
from 7-1-00
through 9-30-00

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: ALAN S. NAKANISHI

I.D. NUMBER: 981490

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: DUE DATE/ INTEREST RATE	LENDER INFORMATION: (a) AMOUNT OF LOAN	LENDER INFORMATION: CUMULATIVE TO DATE	GUARANTOR INFORMATION: (b) AMOUNT GUARANTEED	GUARANTOR INFORMATION: CUMULATIVE TO DATE
	☐ Lender ☐ Guarantor	☐ IND ☐ COM ☐ OTH		DUE DATE / INTEREST RATE ____ %		CALENDAR YEAR $ ____ OTHER $ ____		CALENDAR YEAR $ ____ OTHER $ ____
	☐ Lender ☐ Guarantor	☐ IND ☐ COM ☐ OTH		DUE DATE / INTEREST RATE ____ %		CALENDAR YEAR $ ____ OTHER $ ____		CALENDAR YEAR $ ____ OTHER $ ____
	☐ Lender ☐ Guarantor	☐ IND ☐ COM ☐ OTH		DUE DATE / INTEREST RATE ____ %		CALENDAR YEAR $ ____ OTHER $ ____		CALENDAR YEAR $ ____ OTHER $ ____
				SUBTOTAL $			$	Enter (b) on Summary Page, Line 17 only.

Schedule B – Part 1 Summary

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

Schedule B – Part 2 Summary

4. Loans of $100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, *also* itemize the transaction on Schedule A.) ..... $ 0
5. Loans under $100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. ..... $ 0
6. Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... TOTAL $ 0
7. Net change this period. (**Subtract** Line 6 from Line 3.) Enter the net here and on the Summary Page, Column A, Line 2. ..... NET $ 0
   May be a negative number.

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

Schedule B – Part 2
Repayments Made on Loans Received, Loans Forgiven, and Loans Repaid by a Third Party

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

Statement covers period
from 7-1-00
through 9-30-00

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ALAN S. NAKANISHI

I.D. NUMBER
981990

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

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 0

TOTAL INTEREST PAID THIS PERIOD $ 0

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

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

SCHEDULE B - PART 3

Annual Report of Outstanding Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 7-1-00
through 9-30-00

CALIFORNIA FORM 460

Page 7 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ALAN S. NAKANISHI

I.D. NUMBER
981990

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

Attach additional information on appropriately labeled continuation sheets.

TOTAL $ 0

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

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from 10-1-2000
through 10-21-2000

Page 8 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ALAN S. NAKANISHI

I.D. NUMBER
981990

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)
		☐ IND ☐ COM ☐ OTH					
		☐ IND ☐ COM ☐ OTH					
		☐ IND ☐ COM ☐ OTH					
		☐ IND ☐ COM ☐ OTH					

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

Schedule C Summary

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

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

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

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period from 7-1-00 through 9-30-00

SCHEDULE D
CALIFORNIA FORM 460

NAME OF FILER: ALAN S. NAKARSHI

I.D. NUMBER: 981440

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure			Calendar Year $ ____ Other $ ____
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure			Calendar Year $ ____ Other $ ____
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure			Calendar Year $ ____ Other $ ____
				SUBTOTAL $ 0	

Schedule D Summary

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

Schedule E
Payments Made

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

Statement covers period
from 7-1-00
through 9-3-00

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: ALAN S. NAKANISHI

I.D. NUMBER: 981990

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

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

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

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

SUBTOTAL $ 0

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 0
2. Unitemized payments made this period of under $100 ..... $ 0
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 0

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 7-1-00
through 9-30-00

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ALAN S. NAKANISHI

I.D. NUMBER
981490

RFD returned contributions
SAL campaign workers salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging and meals (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
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	(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
	SUBTOTALS $	0	$ 0	$ 0	$ 0

Schedule F Summary

1. 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 $ 0
2. 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 $ 0
3. **Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and** on the Summary Page, Column A, Line 9.) ..... NET $ 0
   May be a negative number

Schedu' G

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

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

Statement covers period
from 7-1-00
through 9-30-00

SCHEDULE G
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ALAN S. NAKANISHI

I.D. NUMBER
981990

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

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

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

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

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 0

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

Schedule H – Part 1
Loans Made to Others*

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

Statement covers period
from 7-1-00
through 9-30-00

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ALAN S. NAKANISHI

I.D. NUMBER
981990

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

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

SUBTOTAL $ 0

Schedule H – Part 1 Summary

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

Schedule H – Part 2 Summary

4. Payments received on loans of $100 or more. (Include all loan payments received and all loans of $100 or more forgiven by this committee – Part 2 (a) subtotals. If forgiven, *also* itemize on Schedule E.) ..... $ 0
5. Unitemized payments received on loans under $100. (Including a forgiveness.) ..... $ 0
6. Total loan payments received this period. (Add Lines 4 and 5.) ..... TOTAL $ 0
7. Net change this period. (**Subtract** Line 6 from Line 3. Enter the net here and on the Summary Page, Column A, Line 7.) ..... NET $ 0
   May be a negative number

Schedu.. H – Part 2
Repayments on Loans Made to Others and Loans Forgiven

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

SCHEDULE H - PART 2

CALIFORNIA FORM 460

Statement covers period
from 7-1-00
through 9-30-00

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ALAN S. NAKANISHI

I.D. NUMBER
981990

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

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 0

TOTAL INTEREST RECEIVED THIS PERIOD $ 0

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

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

Schedule H – Part 3
Annual Report of Outstanding Loans Made

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

Statement covers period
from 7-1-00
through 9-30-00

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: ALAN S. NAKANISHI

I.D. NUMBER: 981990

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

Attach additional information on appropriately labeled continuation sheets.

TOTAL $ 0

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 7.

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 7-1-00
through 9-30-00

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ALAN S. NAKANISHI

I.D. NUMBER
981990

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

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 0

Schedule I Summary

1. Increases to cash of $100 or more this period. ..... $ 0
2. Unitemized increases to cash under $100 this period. ..... $ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).) ..... $ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ 0