

**Recipient Committee
Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
JUN 22 2000 J. J. HANSEN CITY CLERK CITY OF LODI	
Page <u>1</u> of <u>16</u>	For Official Use Only

Statement covers period
 from 7-1-2000
 through 12-31-2000

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

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input checked="" type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER

980198

COMMITTEE NAME

NAKANISHI FOR ASSEMBLY

STREET ADDRESS (NO P.O. BOX)

1136 GUNEWOOD COURT

CITY

Lodi,

STATE

CA

ZIP CODE

95242

AREA CODE/PHONE

(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

JOHN NAKANISHI

MAILING ADDRESS

5051 EL DON, APT. # 904

CITY

Rocklin,

STATE

CA.

ZIP CODE

95677

AREA CODE/PHONE

(415) 315-3739

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Type or print in Ink.

COVER PAGE - PART 2

Recipient Committee
Campaign Statement
Cover Page — Part 2

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Page <u>2</u> of <u>16</u>	

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
ALAN S. NAKARISHKI

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1136 Junewood 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 <u>NAKARISHKI</u>	I.D. NUMBER <u>980198</u>
NAME OF TREASURER <u>RON NAKARISHKI</u>	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS <u>1136 JUNEWOOD COURT</u>	STREET ADDRESS (NO P.O. BOX)
CITY <u>Lodi, CA.</u>	STATE ZIP CODE AREA CODE/PHONE <u>95242 (209) 369-1826</u>

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

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 1-29-2001
DATE

Executed on 1-29-2001
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period from <u>7-1-2000</u> through <u>12-31-2000</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>16</u>
	I.D. NUMBER <u>980198</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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	\$ <u>0</u>	\$ _____	\$ _____
2. Loans Received Schedule B, Line 7	<u>0</u>	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0</u>	\$ _____	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3	<u>0</u>	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>0</u>	\$ _____	\$ _____

Expenditures Made

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

Current Cash Statement

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

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

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>0</u>	<u>0</u>
21. Expenditures Made	\$ <u>0</u>	<u>0</u>

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ <u>0</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 7-1-2000
through 12-31-2000

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980 198

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE • <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$ 0

Schedule A Summary

- 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

**Schedule B – Part 1
Loans Received**

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

SCHEDULE B - PART 1

Statement covers period
from 7-1-2000
through 12-31-2000

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER ALAN S. NAKANISHI

I.D. NUMBER 980198

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER INFORMATION			GUARANTOR INFORMATION	
				DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR OTHER \$ _____		CALENDAR YEAR OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR OTHER \$ _____		CALENDAR YEAR OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR OTHER \$ _____		CALENDAR YEAR OTHER \$ _____
				SUBTOTAL \$ <u>0</u>			Enter (b) on Summary Page, Line 17 only. \$ <u>0</u>	

Schedule B – Part 1 Summary

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

Schedule B – Part 2 Summary

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

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

May be a negative number.

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>7-1-00</u> through <u>12-31-00</u>	CALIFORNIA FORM 460
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I.D. NUMBER <u>980198</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

ALAN S. NAKANISHI

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Schedule C Summary

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

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

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

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

Statement covers period from <u>7-1-2000</u> through <u>12-31-2000</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALAN S. NAKARISHI

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

Schedule D Summary

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

Schedule E
Payments Made

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

Statement covers period
from 7-1-2000
through 12-31-2000

SCHEDULE E

CALIFORNIA FORM 460

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I.D. NUMBER
980198

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALAN J. NAKARISHVILI

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 airline and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

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

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

SUBTOTAL \$ 0

Schedule E Summary

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

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 7-1-2000
through 12-31-2000

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALAN S. NAKARISHI

I.D. NUMBER

980198

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

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

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

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	<u>7-1-2000</u>	
through	<u>12-31-2000</u>	Page <u>12</u> of <u>14</u>
NAME OF FILER		I.D. NUMBER
<u>ALAN S. NAKARISHI</u>		<u>980198</u>
NAME OF AGENT OR INDEPENDENT CONTRACTOR		

SEE INSTRUCTIONS ON REVERSE

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

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

* 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.

SCHEDULE H - PART 1

Statement covers period from <u>7-1-2000</u> through <u>12-31-2000</u>	CALIFORNIA FORM 460
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NAME OF FILER

ALAN S. NAKARISHI

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

Schedule I
Miscellaneous Increases to Cash

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

SCHEDULE I

Statement covers period
from 7-1-2000
through 12-31-2000

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ALAN J. NAKARISHI

I.D. NUMBER

980198

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

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

0

Schedule I Summary

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