

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 60

For Official Use Only

Statement covers period
 from 10/01/2000
 through 10/21/2000

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

11/07/2000

Date Stamp
RECEIVED
 FEB -2 AM 11:19
 SUSAN J. BLACKSTON
 CITY CLERK
 CITY OF LOS ANGELES

SEE INSTRUCTIONS ON REVERSE

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

- 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:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below) #1
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

Additional information received after filing.

3. Committee Information

I.D. NUMBER

991831

Nakanishi for Senate

STREET ADDRESS (NO P.O. BOX)

2495 W. March Lane, Ste. 204

CITY STATE ZIP CODE AREA CODE/PHONE

Stockton, CA 95267 (209) 477-7221

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

P.O. Box 7095

CITY STATE ZIP CODE AREA CODE/PHONE

Stockton, CA 95267

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Vona Copp

MAILING ADDRESS

8958 Ivanpah Court

CITY STATE ZIP CODE AREA CODE/PHONE

Elk Grove, CA 95624

916/686-1815

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Dr. Alan Nakanishi

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

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

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

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

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

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

6. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input checked="" 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 1/30/01
DATE

Executed on 1/29/01
DATE

Executed on _____
DATE

Executed on _____
DATE

By Jana L. Capp
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Alan Nakanishi
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

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

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

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Statement covers period from <u>10/01/2000</u>	CALIFORNIA FORM 460
through <u>10/21/2000</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Nakanishi for Senate

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I.D. NUMBER
991831

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	\$ 333327.00	\$ 547759.00	\$ 881086.00
2. Loans Received	Schedule B, Line 7	36000.00	87000.00	123000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 369327.00	\$ 634759.00	\$ 1004086.00
4. Non-monetary Contributions	Schedule C, Line 3	28565.45	26581.25	55146.70
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 397892.45	\$ 661340.25	\$ 1059232.70

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 388772.93	\$ 449596.29	\$ 838369.22
7. Loans Made	Schedule H, Line 7	0.00	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	388772.93	449596.29	838369.22
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 166328.04	\$ 52792.60	\$ 219120.64
10. Nonmonetary Adjustment	Schedule C, Line 3	28565.45	26581.25	55146.70
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 583666.42	\$ 528970.14	\$ 1112636.56

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 296065.96
13. Cash Receipts	Column A, Line 3 above	369327.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	7723.60
15. Cash Payments	Column A, Line 8 above	388772.93
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 284343.63

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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20. Contributions Received \$

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	\$ 342120.64

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>10/01/2000</u> through <u>10/21/2000</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

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

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/02/2000	Barbara A. Bennett 5081 East Jahant Road Galt, CA 95632	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
10/02/2000	Borra Vineyards 1301 E. Armstrong Road Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
10/02/2000	Esther R. Greene 600 - 46th Street Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
10/02/2000	Japanese American Republicans (#C00195701) 5400 Irwindale Avenue Irwindale, CA 91706	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
10/02/2000	Stockton Hematology Oncology 2626 N. California Street, Ste. B Stockton, CA 95204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	

SUBTOTAL \$ 2300.00

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ 331525.00
2. Amount received this period - unitemized contributions of less than \$100	\$ 1802.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 333327.00

*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>10/01/2000</u> through <u>10/21/2000</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi f r Senate

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/02/2000	Charles H. Sunn 2652 Palo Vista Way Rancho Cordova, CA 95670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$200.00	\$400.00	
10/03/2000	Asahi Company 1221 El Portal Way Oxnard, CA 93035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
10/03/2000	Edward Cahill 8810 Alhambra Ave. Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Self-Employed	\$1,000.00	\$1,000.00	
10/03/2000	Leroy Ornellas 20749 South Lammers Road Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$750.00	\$1,000.00	
10/03/2000	S. Maro Sasaki 4591 Orange Ave. Unit 206 Long Beach, CA 90807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
10/03/2000	Jack W. Sellers 9454 Gerber Road Sacramento, CA 95829	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Chairman of the Board/Owner Sacramento Coca-Cola Bottling Co.	\$100.00	\$100.00	

SUBTOTAL \$ 2400.00

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

IND -- Individual
COM -- Recipient Committee
OTH -- Other

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	CALIFORNIA FORM 460
from <u>10/01/2000</u>	
through <u>10/21/2000</u>	Page <u>6</u> of <u>60</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Senate	I.D. NUMBER 991831
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/03/2000	Sid Anur, M.D., Inc. 2800 North California Street, Ste. 3 Stockton, CA 95204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
10/03/2000	Walter J. Rore, DDS, Inc. 4255 Pacific Avenue, Ste. 12 Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
10/03/2000	Robert L. Yin 431 Taylor Blvd. Millbrae, CA 94030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$1,000.00	\$1,000.00	
10/04/2000	Melinda Cecchetti 14061 Flagstaff Drive Sloughhouse, CA 95683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$500.00	\$500.00	
10/04/2000	Andrea Fox 3908 Sherman Way Sacramento, CA 95817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$150.00	\$150.00	
10/04/2000	Joseph Furukawa 3424 Carson Street, Ste. 570 Torrance, CA 90503	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Attorney at Law Self-Employed	\$100.00	\$200.00	
SUBTOTAL \$				2350.00		

*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.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2000</u> through <u>10/21/2000</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)
10/04/2000	Charles Irwin P.O. Box 189 Lodi, CA 95241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Graveyard Adm. Cherokee Memorial Park	\$500.00	\$500.00	
10/05/2000	Robert E. Duden 5992 Stone Bridge Road Santa Rosa, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$250.00	\$250.00	
10/06/2000	Sylvia Sun Minnick 1001 W. Lincoln Road, Unit P Stockton, CA 95207-2550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$200.00	\$200.00	
10/06/2000	Charles H. Yagi 1329 Elkhorn Drive Stockton, CA 95209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer Yag Enterprises Inc.	\$250.00	\$250.00	
10/07/2000	Cynthia R. Allison 8391 Pezzi Road Stockton, CA 95215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Stockton Urology	\$100.00	\$100.00	
10/07/2000	Steven M. Fowler 14050 E. Brandt Road Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Deputy Sheriff San Joaquin County	\$100.00	\$100.00	
SUBTOTAL \$				1400.00		

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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>10/01/2000</u> through <u>10/21/2000</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)
10/07/2000	Carole L. Hogge P.O. Box 560 Lockeford, CA 95237	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	A/P Specialist Profesioanal Apartment Management	\$100.00	\$100.00	
10/07/2000	Col. Douglas A. Jewett 11476 Coloma Road Gold River, CA 95670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
10/07/2000	Anthony L. Rantz P.O. Box 529 Lockeford, CA 95237	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
10/07/2000	Seldon Brusa Insurance Agency, Inc. 1100 W. Tokay Street, Ste. B Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
10/07/2000	Melody K. Speer 28000 Sowles Road Galt, CA 95632	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
10/07/2000	Thomas J. Vander Wal 3752 Hatchers Circle Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$200.00	\$200.00	

SUBTOTAL \$ 700.00

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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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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2000</u> through <u>10/21/2000</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)
10/08/2000	Dr. Pamela Tsuchiya 705 Newbury St. Livermore, CA 94550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Delta Eye Med. Group	\$250.00	\$750.00	
10/09/2000	Bill Bechtold 8026 Lorraine Avenue, No. 213 Stockton, CA 95210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Contractor B&C Construction Co.	\$100.00	\$100.00	
10/09/2000	Ross E. Bewley, Jr. 5332 E. Adamore Drive Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$200.00	\$200.00	
10/09/2000	Gilbert E. Greene, O.D P.O. Box 4517 Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Luici Pacini, M.D., Inc.	\$200.00	\$200.00	
10/09/2000	Stanley Nakamura 2221 Gambels Way Santa Rosa, CA 95403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$125.00	\$125.00	
10/09/2000	Raquel Thompson 21030 N. Davis Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
SUBTOTAL \$				975.00		

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

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2000</u> through <u>10/21/2000</u>	CALIFORNIA FORM 460
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10/10/2000	Cathy Silva 6133 Huntingdale Circle Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
10/10/2000	Vliet View Dairy 9863 S. Van Allen Road Stockton, CA 95215	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$100.00	\$100.00	
10/11/2000	Camillo 'Tom' Cicchini P.O. Box 255692 Sacramento, CA 95865	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Manager WebsterStone	\$250.00	\$250.00	
10/11/2000	Daniel B. Dellinger P.O. Box 638 Lotus, CA 95651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Consultant Dan Dellinger Consulting	\$100.00	\$100.00	
10/11/2000	Chris J. Fellersen 8675 Sleepy Hollow Lane Elk Grove, CA 09562-4	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Sr. Vice President/Controller Pacific Modern Homes, Inc.	\$200.00	\$200.00	
10/11/2000	Jesse Gonzalez P.O. Box 6201 Folsom, CA 95763	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Forensic Vehicle Inspector Self-Employed	\$400.00	\$400.00	
SUBTOTAL \$				1150.00		

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

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**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>10/01/2000</u> through <u>10/21/2000</u>	CALIFORNIA FORM 460
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10/11/2000	JC Evans Communications 2358 Pez Vela Place Gold River, CA 95670	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$400.00	\$400.00	
10/11/2000	Peter R. Kwett 6433 Palm Drive Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Real Estate Buyer Castle Hill Consultants, Inc.	\$250.00	\$250.00	
10/11/2000	Timothy J. Lefever 8009 Doyle Lane Dixon, CA 95620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Attorney/Real Estate Broker Lefever and Mattisch	\$150.00	\$150.00	
10/11/2000	Matilde F. Magdangal P.O. Box 276526 Sacramento, CA 95827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
10/11/2000	Michael D. McCollum 7722 Rio Barco Way Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Environmental Policy Consultant McCollum Associates	\$200.00	\$200.00	
10/11/2000	Ruth Radmore 3824 Hubbard Ave. Stockton, CA 95215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$200.00	\$400.00	

SUBTOTAL \$ 1300.00

*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 10/01/2000
through 10/21/2000

**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)
10/11/2000	Harry A. Reeves 3322 El Castillo Court Antelope, Ca 95843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Investigator Harry Reeves Investigations	\$150.00	\$150.00	
10/12/2000	Albina G. Benabay, M.D. 2800 N. California Street, Ste. 1 Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Albina G. BenaBaye, M.D.	\$500.00	\$500.00	
10/12/2000	Romulo F. Gonzales, M.D. 2222 Canyon Creek Drive Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Romulo F. Gonzales, M.D.	\$100.00	\$100.00	
10/12/2000	David A. Leak 2352 Rudat Circle Rancho Cordova, CA 95670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Engineer Intel Corp.	\$100.00	\$100.00	
10/12/2000	Dr. Chen Feel Liem 5371 Tudor Rose Glen Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician San Joaquin Cardiology Medical Group	\$100.00	\$300.00	
10/12/2000	Nosce Ophthalmology, Inc 8932 N. Highway 99 Stockton, CA 95212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$2,000.00	
SUBTOTAL \$				1950.00		

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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>10/01/2000</u> through <u>10/21/2000</u>	CALIFORNIA FORM 460
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NAME OF FILER

Nakanishi f

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/12/2000	Helen Reyes 5354 Serenade Lane Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Sutter Gould Medical Foundation	\$250.00	\$350.00	
10/12/2000	Michael S. Ricci 2774 Land Park Drive Sacramento, CA 95818-2939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Mortgage Loan Officer Neighbors Financial	\$100.00	\$100.00	
10/12/2000	David M. Smith 1110 W. Kettleman Lane, No. 20B Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Attorney Water Resorts Inc.	\$100.00	\$100.00	
10/12/2000	S. Wong 9751 Hildreth Lane Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$50.00	\$150.00	
10/13/2000	Stephan Eugene Biondi 8150 - 37th Avenue Sacramento, CA 95824	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner	\$250.00	\$250.00	
10/13/2000	Califia Development Group 1350 Treat Blvd., Ste. 560 Walnut Creek, CA 94596	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
SUBTOTAL \$				1250.00		

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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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DATE RECEIVED	NAME OF FILER	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/13/2000	Nakanishi for Senate	Van Exel Dairy 20002 N. Thornton Road Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	
10/16/2000		Marie L. Babka 2104 Lido Circle Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
10/16/2000		Mr. Peter Bregman 11701 E. Kettleman Ln. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Realtor Self-Employed	\$100.00	\$450.00	
10/16/2000		Kenneth W. Campbell 3636 McCourtney Road Lincoln, CA 95648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer Self-Employed	\$200.00	\$200.00	
10/16/2000		J&D Autobody 552 Fairway Drive Galt, CA 95632	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
10/16/2000		Theron E. Johnson 1233 Woodside Glen Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Pilot United Airlines	\$1,000.00	\$1,500.00	
SUBTOTAL \$					1850.00		

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

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2000</u> through <u>10/21/2000</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)
10/16/2000	Abdul W. Khan, M.D. 10740 Chantel Lane Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Self-Employed	\$500.00	\$500.00	
10/16/2000	Frank E. Orozco 213 E. Swain Road Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$100.00	\$100.00	
10/16/2000	Cheryl A. Schlegel 8135 Pixley Way Sacramento, CA 95828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Homemaker	\$250.00	\$250.00	
10/17/2000	Tiberio Reis 3754 S. Drais Avenue Stockton, CA 95215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Dairy Farmer Self-Employed	\$150.00	\$250.00	
10/17/2000	Jack Sieglock 1702 Timberlakd Circle Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	County Supervisor San Joaquin County	\$150.00	\$150.00	
10/17/2000	Patrick Stockar P.O. Box 673 Victor, CA 95352	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer Stockar Ranch	\$150.00	\$250.00	

SUBTOTAL \$ 1300.00

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

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

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2000</u> through <u>10/21/2000</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)
10/17/2000	Watson Land Company 22010 South Wilmington Avenue, #400 Carson, CA 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$2,500.00	\$2,500.00	
10/17/2000	Weststeyn Dairy 2 1763 S. Hewitt Rd. Linden, CA 9523-6	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,200.00	
10/18/2000	California Pro Life Council Inc. (#860482) 2306 J Street, Ste. 200 Sacramento, CA 95816	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$300.00	\$300.00	
10/18/2000	Guido D. Abellera, M.D. Professional Medical Corp. 123 S. Commerce St., Ste. B Stockton, CA 95202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	
10/18/2000	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	\$2,000.00	
10/19/2000	Black America's PAC Suite 202, 2029 P Street, NW Washington, DC 20036	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
SUBTOTAL \$				6000.00		

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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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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2000</u>	CALIFORNIA FORM 460
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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)
10/19/2000	California Republican Party (#810163) 1903 West Magnolia Blvd. Burbank, CA 91506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$26,000.00	\$224,954.96	
10/19/2000	Mr. Keiji Fujinaka 2016 E. Armstrong Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer Self-Employed	\$50.00	\$150.00	
10/19/2000	Lincoln Club of Sacto Valley P.O. Box 60861 Sacramento, CA 95860-0861	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
10/19/2000	John E. Stoos 4246 - 2nd Avenue Sacramento, CA 95817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Staff State of California	\$150.00	\$150.00	
10/20/2000	Norman Erick Albert 830 S. Ham Lane Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Lodi Urological Medical Org.	\$500.00	\$550.00	
10/20/2000	Associated Builders & Contractors of California PAC 1127 - 11th Street, #300 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$1,500.00	\$1,500.00	
SUBTOTAL \$				29200.00		

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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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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2000</u>	CALIFORNIA FORM 460
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NAME OF FILER

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/20/2000	T.K. Beard 800 N. Shaw Road Stockton, CA 95215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Railroad Executive Stockton Terminal Co.	\$200.00	\$200.00	
10/20/2000	Burnett & Company LLP 2870 Gold Tailings Court Rancho Cordova, CA 95670	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
10/20/2000	Carlyle Electric Contractor 2112-B Drive-In Way Auburn, CA 95603	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
10/20/2000	Ditch Witch Equipment Co., Inc. P.O. Box 1195 West Sacramento, CA 95691-2989	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
10/20/2000	Friends of Senator Dick Monteith (#972053) P.O. Box 1101 Modesto, CA 95353	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$10,000.00	\$10,000.00	
10/20/2000	Gaddy Ward & Company 1330 South Ham Lane Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
UB				12950.00		

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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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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2000</u> through <u>10/21/2000</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)
10/20/2000	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	\$2,000.00	
10/20/2000	Harold E. Nutter & Son, Inc. 3017 Douglas Blvd., Ste. 200 Roseville, CA 95661	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
10/20/2000	Philip L. Harrison 6210 W. 4th Street Rio Linda, CA 95673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Rental Property Owner - Manager Self-Employed	\$250.00	\$250.00	
10/20/2000	Stephen A. Jelten 12261 Overland Way Wilton, CA 95693	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Wholesale Distributor Pacific Coast Building Products	\$100.00	\$100.00	
10/20/2000	Mitsuo Kagehiro 3461 Heatherbrook Drive Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	\$500.00	\$500.00	
10/20/2000	Roland Nakata, M.D. 815 S. Fairmont Avenue Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Roland Nakata, M.D.	\$1,000.00	\$1,000.00	

SUBTOTAL \$ 3850.00

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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>10/01/2000</u> through <u>10/21/2000</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)
10/20/2000	John Newman 2524 E. Main Street Stockton, CA 95205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Gould Medical Group	\$100.00	\$100.00	
10/20/2000	Paula K. Osborne 423 Cedar River Way Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$250.00	\$250.00	
10/20/2000	Joseph A. Piazza 8251 Exbourne Circle Sacramento, CA 95828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$100.00	\$100.00	
10/20/2000	Rex Moore Electrical Contractors & Engineers 3601 Parkway Place West Sacramento, CA 95798	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,500.00	\$1,500.00	
10/20/2000	Dr. James M. Ritchey 10436 Corfu Drive Elk Grove, CA 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Chemistry Professor/Patent Attorney CSUS/O'Banion & Ritchey	\$500.00	\$500.00	
10/20/2000	Ms. Phyllis Roche 16293 N. Tecklenburg Rd. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Homemaker	\$100.00	\$275.00	
SUBTOTAL \$				2550.00		

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

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2000</u> through <u>10/21/2000</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)
10/20/2000	Vellutini Corporation dba Royal Electric Co. & Velcor P.O. Box 231430 Sacramento, CA 95823	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
10/20/2000	George R. Wong 3834 Rawhide Road Rocklin, CA 95677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$250.00	\$250.00	
10/21/2000	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	\$500.00	\$600.00	
10/21/2000	California Sportsman's Committee (#1223417) 1127 11th Street, Ste. 300 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
10/21/2000	Violet Ehlers 530 So. Mills Avenue Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer H. Ehlers & Sons	\$100.00	\$100.00	
10/21/2000	Friends of Senator Ross Johnson (#950521) 17192 Murphy Ave., #16632 Irvine, CA 92623	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$100,000.00	\$100,000.00	

SUBTOTAL \$ 102850.00

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

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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2000</u> through <u>10/21/2000</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)
10/21/2000	Elizabeth S. Holdener 24383 Mountain House Parkway Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Homemaker	\$25.00	\$125.00	
10/21/2000	Interstate Construction 3909 Security Park Drive Rancho Cordova, CA 95742	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	
10/21/2000	Dr. Michael G. Khoury 1537 Griffin Point Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Physician Stockton Diagnostic Radiology & Ultrasound	\$200.00	\$400.00	
10/21/2000	Law Offices of Shawn Steel 8383 Wilshire Blvd., Ste. 640 Beverly Hills, CA 90211	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	
10/21/2000	Don Monaco 1424 A Street Modesto, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner Don's Mobile Glass	\$100.00	\$100.00	
10/21/2000	Bill Peterson P.O. Box 473 Lockeford, CA 95237	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	\$1,000.00	\$1,000.00	

SUBTOTAL \$ 2825.00

*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>10/01/2000</u> through <u>10/21/2000</u>	CALIFORNIA FORM 460
	Page <u>23</u> of <u>60</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

I.D. NUMBER

991831

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/21/2000	Penny L. Sanderson P.O. Box 3011 Sacramento, CA 95812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Legal Assistant EDD	\$1,000.00	\$1,000.00	
10/21/2000	Senate Republican Leadership Fund (#980879) 1008 Tenth Street, #389 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		\$150,000.00	\$280,000.00	
10/21/2000	John Vander Schaaf 12727 Murphy Road Escalon, CA 95320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Dairyman Vander Schaaf Dairy	\$1,375.00	\$1,375.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
SUBTOTAL \$				152375.00		

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

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

**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>10/01/2000</u> through <u>10/21/2000</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

I.D. NUMBER

991831

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
10/18/2000	Committee to Elect William J. 'Pete' Knight (#91804) 208 Shirley Lane Palmdale, CA 93551	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		Due Date N/A Interest Rate 0.00 %	36000.00	Calendar Year \$ 36000.00		Calendar Year \$ _____
		<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*						
		<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*						
		<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*						
				SUBTOTAL	\$ 36000.00		\$	Enter (b) on Summary Page, Line 17 only.

Loans Received - Part 1 Summary

- Loans of \$100 or more received this period. (Include all Loans Received - Part 1 (a) subtotals.) \$ 36000.00
- Amount received this period -- unitemized loans of less than \$100 \$ 0.00
- Total loans received this period. (Add Lines 1 and 2.) **TOTAL** \$ 36000.00

Loans Received - Part 2 Summary

- 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
- 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
- Total loans repaid, forgiven, or paid by a third party this period (Add Lines 4 + 5.) **TOTAL** \$ (0.00)
- Net change this period. (Subtract Line 6 from Line 3.)
Enter the net here and on the Summary Page, Column A, Line 2. **NET** \$ 36000.00
May be a negative number.

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

**Schedule C
Non-Monetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>10/01/2000</u> through <u>10/21/2000</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

I.D. NUMBER

991831

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/03/2000	Robert L. French 5713 Pintail Court Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Information Requested	Bill Paid By Third Party	\$520.68	\$1,270.68	
10/04/2000	California Republican Party (#810163) 1903 West Magnolia Blvd. Burbank, CA 91506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		Postage and printing of mail piece	\$22,547.00	\$224,954.96	
10/20/2000	Dane & Associates 4259 El Carnal Way Las Vegas, NV 89121	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		Polling	\$5,455.92	\$5,455.92	
		<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 \$ 28523.60

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 28523.60
- Amount received this period - unitemized nonmonetary contributions of less than \$..... \$ 41.85
- 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 \$** 28565.45

*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>10/01/2000</u>	CALIFORNIA FORM 460
through <u>10/21/2000</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	AMOUNT PAID
Andrew Mercy 642 Adams Street Davis, CA 95616			Fee and mileage	\$2,188.41
Stephen Reid 1007 S. Country Club Blvd. Stockton, CA 95207			Fee, mileage & postage	\$5,288.78
Stephen Reid 1007 S. Country Club Blvd. Stockton, CA 95207	OFC			\$273.17

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

SUBTOTAL \$ 7750.36

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 388629.87
2. Unitemized payments made this period of under \$100.	\$ 143.06
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 \$ 388772.93

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>10/01/2000</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
John L. Rothra 8896 Liscarney Way Sacramento, CA 95828		Fee, mileage and office expenses	\$3,407.76
Richard C. Staats 5850 Happy Pines Drive Foresthill, CA 95631	OFC		\$112.25
Richard C. Staats 5850 Happy Pines Drive Foresthill, CA 95631	CNS		\$2,500.00
AT&T Wireless Services P.O. Box 78110 Phoenix, AZ 85062-8110	OFC		\$181.87
AT&T Wireless Services P.O. Box 78110 Phoenix, AZ 85062-8110	OFC		\$176.54

**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>10/01/2000</u>	CALIFORNIA FORM 460
through <u>10/21/2000</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
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376		Printing & postage	\$550.36
Vona Copp 8958 Ivanpah Court Elk Grove, CA 95624		Treasurer fee and expenses	\$2,269.48
Grapevine Independent 3338 Mather Field Road Rancho Cordova, CA 95670	PRT		\$1,237.50
Andrew Mercy 642 Adams Street Davis, CA 95616	OFC		\$106.00
N & N Designs 12067 W. Lammers Road Tracy, CA 95376	LIT		\$347.67

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

SUBTOTAL \$ 4511.01

**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>10/01/2000</u> through <u>10/21/2000</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
Sacramento County Registrar of Voters 3700 Branch Road Sacramento, CA 95827	OFC			\$200.00
The Donegal Group 3508 24th Street Sacramento, CA 95818	LIT			\$1,557.13
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	OFC			\$27.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	OFC			\$198.98
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	POL			\$16,824.00

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

SUBTOTAL \$ 18807.11

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

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

Statement covers period
from 10/01/2000
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**SCHEDULE E (CONT.)
CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

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	LIT			\$2,627.76
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT			\$3,737.69
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT			\$93.95
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT			\$4,198.91
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814			Research	\$529.00

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

SUBTOTAL \$ 11187.31

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>10/01/2000</u>	CALIFORNIA FORM 460
through <u>10/21/2000</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

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		Precinct Report	\$88.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814			\$4,900.00
The Donegal Group 3508 24th Street Sacramento, CA 95818		Commission, printing, postage and event expense	\$10,174.47
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814		Printing, research and office expenses	\$11,721.89
Carlos Lopez 2123 Pennington Court Stockton, CA 95207	CMP		\$1,500.00

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

SUBTOTAL \$ 28384.36

**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>10/01/2000</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
Stephen Reid 1007 S. Country Club Blvd. Stockton, CA 95207		Office expenses and postage	\$5,237.83
US Postmaster 3131 Arch Airport Stockton, CA 95213			\$4,950.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	TEL		\$223,000.00
Lockeford Clements News P.O. Box 76 Lockeford, CA 95237	PRT		\$495.00
Sacramento County Registrar of Voters 3700 Branch Road Sacramento, CA 95827	OFC		\$350.00

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

SUBTOTAL \$ 234032.83

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
from	10/01/2000	
through	10/21/2000	Page <u>33</u> of <u>60</u>
NAME OF FILER		I.D. NUMBER
Nakanishi for Senate		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
Stephen Reid 1007 S. Country Club Blvd. Stockton, CA 95207	OFC		\$1,208.47
Team California (#598036) 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	LIT		\$3,395.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	RAD		\$20,000.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	TEL		\$52,975.00

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

SUBTOTAL \$ 77578.47

**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>10/01/2000</u>	CALIFORNIA FORM 460
through <u>10/21/2000</u>	
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NAME OF FILER

Nakanishi for Senate

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	OFC	198.98	0.00	198.98	0.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	4198.91	0.00	4198.91	0.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	Research	529.00		529.00	0.00
SUBTOTAL		\$ 4926.89	\$ 0.00	\$ 4926.89	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 \$ 212077.08**
- 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 \$ 45749.04**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 166328.04**

**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>10/01/2000</u>	CALIFORNIA FORM 460
through <u>10/21/2000</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
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	POL	16824.00	0.00	16824.00	0.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	2627.76	0.00	2627.76	0.00
Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560 Sacramento, CA 95814	LIT	3737.69	0.00	3737.69	0.00
Grapevine Independent 3338 Mather Field Road Rancho Cordova, CA 95670	PRT	1237.50	0.00	1237.50	0.00
The Donegal Group 3508 24th Street Sacramento, CA 95818	LIT	1557.13	0.00	1557.13	0.00
SUBTOTAL \$		25984.08 \$	0.00 \$	25984.08 \$	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>10/01/2000</u>	CALIFORNIA FORM 460
through <u>10/21/2000</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
Andrew Mercy 642 Adams Street Davis, CA 95616	OFC	106.00	0.00	106.00	0.00
AT&T Wireless Services P.O. Box 78110 Phoenix, AZ 85062-8110	OFC	181.87	0.00	181.87	0.00
AT&T Wireless Services P.O. Box 78110 Phoenix, AZ 85062-8110	OFC	176.54	0.00	176.54	0.00
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	Printing & postage	550.36	0.00	550.36	0.00
Papapavlos 7555 Pacific Avenue Stockton, CA 95207	FND	520.68	-520.68	0.00	0.00
SUBTOTAL		\$ 1535.45	\$ -520.68	\$ 1014.77	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>10/01/2000</u> through <u>10/21/2000</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)

* 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
N & N Designs 12067 W. Lammers Road Tracy, CA 95376	LIT	347.67	0.00	347.67	0.00
Stephen Reid 1007 S. Country Club Blvd. Stockton, CA 95207	Fee, mileage & postage	5288.78	0.00	5288.78	0.00
Andrew Mercy 642 Adams Street Davis, CA 95616	Fee and mileage	2188.41	0.00	2188.41	0.00
Richard C. Staats 5850 Happy Pines Drive Foresthill, CA 95631	OFC	112.25	0.00	112.25	0.00
John L. Rothra 8896 Liscarney Way Sacramento, CA 95828	Fee, mileage and office expenses	3407.76	0.00	3407.76	0.00
SUBTOTAL \$		11344.87 \$	0.00 \$	11344.87 \$	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>10/01/2000</u> through <u>10/21/2000</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Nakanishi for Senate

- | | | |
|---|---|---|
| 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
Vona Copp 8958 Ivanpah Court Elk Grove, CA 95624	Treasurer fee and expenses	2269.48	0.00	2269.48	0.00
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	CNS	5000.00			5000.00
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	Mileage	1007.04			1007.04
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	Mileage	515.84			515.84
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	RAD	0.00	51062.00	0.00	51062.00
SUBTOTAL		\$ 8792.36	\$ 51062.00	\$ 2269.48	\$ 57584.88

**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>10/01/2000</u> through <u>10/21/2000</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) |

* 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
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	POS	0.00	3595.30	0.00	3595.30
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	POS	0.00	1880.31	0.00	1880.31
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	PHO	0.00	2943.50	0.00	2943.50
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	PHO	0.00	5458.00	0.00	5458.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	PHO	0.00	5458.00	0.00	5458.00
SUBTOTAL		\$ 0.00	\$ 19335.11	\$ 0.00	\$ 19335.11

**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>10/01/2000</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) |

* 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
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	POL	0.00	13765.00	0.00	13765.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	LIT	0.00	3418.46	0.00	3418.46
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	POS	0.00	1995.89	0.00	1995.89
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	LIT	0.00	832.77	0.00	832.77
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	POS	0.00	17517.81	0.00	17517.81
SUBTOTAL \$		0.00 \$	37529.93 \$	0.00 \$	37529.93

**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>10/01/2000</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) |

* 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
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	TEL	0.00	23198.75	0.00	23198.75
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	LIT	0.00	18262.62	0.00	18262.62
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	POS	0.00	12.50	0.00	12.50
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	CNS	0.00	2000.00	0.00	2000.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	RAD	0.00	1258.18	0.00	1258.18
SUBTOTAL		\$ 0.00	\$ 44732.05	\$ 0.00	\$ 44732.05

**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>10/01/2000</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) |

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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
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	TEL	0.00	1493.56	0.00	1493.56
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	RAD	0.00	12084.00	0.00	12084.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	TEL	0.00	56.49	0.00	56.49
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	OFC	0.00	26.69	0.00	26.69
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	OFC	0.00	11.40	0.00	11.40
SUBTOTAL		\$ 0.00	\$ 13672.14	\$ 0.00	\$ 13672.14

**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>10/01/2000</u>	CALIFORNIA FORM 460
through <u>10/21/2000</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)

* 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
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	LIT	0.00	4645.88	0.00	4645.88
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	LIT	0.00	1146.92	0.00	1146.92
Stephen Reid 1007 S. Country Club Blvd. Stockton, CA 95207	OFC	0.00	10.76	0.00	10.76
Sue Blake 9114 Truillo Way Sacramento, CA 95826	Fee and Expenses	0.00	2109.21	0.00	2109.21
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	TEL	0.00	366.99	0.00	366.99
SUBTOTAL \$		0.00 \$	8279.76 \$	0.00 \$	8279.76

**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>10/01/2000</u>	CALIFORNIA FORM 460
through <u>10/21/2000</u>	
Page <u>44</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
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814	LIT	0.00	20853.01	0.00	20853.01
The Donegal Group 3508 24th Street Sacramento, CA 95818	Commission, printing, postage and event expenses	0.00	7353.89	0.00	7353.89
Victoria Caldeira 12067 West Lammers Road Tracy, CA 95376	CNS	0.00	2000.00	0.00	2000.00
Dane & Associates 4259 El Carnal Way Las Vegas, NV 89121	POL	0.00	7729.87	0.00	7729.87
SUBTOTAL		\$ 0.00	\$ 37936.77	\$ 0.00	\$ 37936.77

**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 <u>10/01/2000</u>		
through <u>10/21/2000</u>		Page 45 of 60
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

*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
California Voter Guide (#595004) 1658 W. Carson Street, Ste. 454 Torrance, CA 90501	LIT			\$500.00
Colby Poster Printing 1332 W. 12th Place Los Angeles, CA 90015-2089	CMP			\$1,678.00
Concord Technologies 2025 1st Ave., Ste. 800 Seattle, WA 98121	OFC			\$673.54
Continuing the Republican Revolution (#598041) P.O. Box 936 Tustin, CA 92781	LIT			\$100.00
Kirk Hutson 1006 P Street, #3 Sacramento, CA 95814	CNS		Research	\$1,535.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 4486.54

* 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 10/01/2000	
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NAME OF FILER
 Nakanishi for Senate
 I.D. NUMBER
 991831

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Johnson Clark Associates

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
Independent Voters League (#588034) 555 S. Flower Street, #4510 Los Angeles, CA 90071	LIT			\$2,150.00
Don Levin 334 Bridge Place West Sacramento, CA 95691	CNS	Research		\$1,500.00
Parents' Ballot Guide (#1226502) 20705 S. Western Avenue, #209 Torrance, CA 90501	LIT			\$1,500.00
KDND 5345 Madison Avenue, Ste. 100 Sacramento, CA 95841	RAD			\$5,916.00
KHKK 1581 Cummins Dr., Ste. 135 Modesto, CA 95351	RAD			\$3,786.75

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 14852.75

* 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 10/01/2000	
through 10/21/2000	Page 47 of 60
I.D. NUMBER 991831	

NAME OF FILER

Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Johnson Clark Associates

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
KJOY 6820 Pacific Avenue, Ste. 2 Stockton, CA 95207	RAD			\$1,606.50
KJSN 2121 Lancey Drive Modesto, CA 95355	RAD			\$3,748.50
KOSO 2121 Lancey Drive Modesto, CA 95355	RAD			\$4,284.00
KQOD 2121 Lancey Drive Modesto, CA 95355	RAD			\$3,213.00
KSSJ 5345 Madison Avenue, Ste. 100 Sacramento, CA 95841	RAD			\$7,509.75

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 20361.75

* 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>10/01/2000</u>	CALIFORNIA FORM 460
through <u>10/21/2000</u>	
Page <u>48</u> of <u>60</u>	
I.D. NUMBER 991831	

NAME OF FILER
 Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Johnson Clark Associates

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
KSTB 1440 Ethan #200 Sacramento, CA 95825	RAD			\$1,338.75
KTKZ 1425 River Park Drive, Ste. 520 Sacramento, CA 95815	RAD			\$1,820.70
KUYL 2121 Lancey Drive Modesto, CA 95355	RAD			\$535.50
KWIN 6820 Pacific Avenue Stockton, CA 95207	RAD			\$3,213.00
KXOA 5244 Madison Avenue Sacramento, CA 95841	RAD			\$4,284.00

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL* \$ 11191.95**

* 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 10/01/2000
through 10/21/2000

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991831

NAME OF FILER
Makanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Johnson Clark Associates

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
US Postmaster State Capitol Branch Sacramento, CA 95814	POS			\$3,595.30
Maya Clark 5613 Laguna Oaks Dr. Elk Grove, CA 95758	PHO			\$150.00
Maya Clark 5613 Laguna Oaks Dr. Elk Grove, CA 95758	PHO			\$150.00
Maya Clark 5613 Laguna Oaks Dr. Elk Grove, CA 95758	PHO			\$100.00
Feather, Hodges & Larson 7320 N. Dreamy Draw Dr. Phoenix, AZ 85020	PHO			\$1,852.50
ATTACH ADDITIONAL INFORMATION ON APPROPRIATELY LABELED CONTINUATION SHEETS.				SUBTOTAL* \$ 5847.80

* 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>10/01/2000</u>	CALIFORNIA FORM 460
through <u>10/21/2000</u>	
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NAME OF FILER

Nakanishi for Senate

I.D. NUMBER

991831

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Johnson Clark Associates

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
Feather, Hodges & Larson 7320 N. Dreamy Draw Dr. Phoenix, AZ 85020	PHO			\$2,797.00
Feather, Hodges & Larson 7320 N. Dreamy Draw Dr. Phoenix, AZ 85020	PHO			\$230.00
KCRA 3 Television Circle Sacramento, CA 95814	TEL			\$78,773.75
KMAX 500 Media Place Sacramento, CA 95815	TEL			\$15,584.75
KOVR 2713 KOVR Drive West Sacramento, CA 95605	TEL			\$75,331.25

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL*

172716.75

* 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>10/01/2000</u>	CALIFORNIA FORM 460
through <u>10/21/2000</u>	
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NAME OF FILER
Nakanishi for Senate

I.D. NUMBER
991831

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Johnson Clark Associates

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
KQCA 58 Television Circle Sacramento, CA 95814	TEL			\$4,254.25
KSPX 3352 Mather Field Road Rancho Cordova, CA 95670	TEL			\$1,899.75
KXTV 400 Broadway Sacramento, CA 95801	TEL			\$39,270.00
Val Smith 214 Wellfleet Circle Folsom, CA 95630	POL			\$1,500.00
US Postmaster State Capitol Branch Sacramento, CA 95814	POS			\$1,880.31

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 48804.31

*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>10/01/2000</u>	CALIFORNIA FORM 460
through <u>10/21/2000</u>	
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NAME OF FILER Nakanishi for Senate	I.D. NUMBER 991831
NAME OF AGENT OR INDEPENDENT CONTRACTOR Johnson Clark Associates	

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	PHO			\$500.00
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	PHO			\$834.65
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	PHO			\$500.00
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	POL			\$1,100.00
Xcentrix SCI, LLC 1160 South State, Ste. 280 Orem, UT 84097	POL			\$8,148.70

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 11083.35

* 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>10/01/2000</u> through <u>10/21/2000</u>	CALIFORNIA FORM 460
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	I.D. NUMBER 991831

NAME OF FILER

Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Johnson Clark Associates

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
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT			\$707.77
Spectrum Films 11431 Sunrise Gold Circle, #D Rancho Cordova, CA 95742	TEL			\$18,500.00
US Postmaster State Capitol Branch Sacramento, CA 95814	POS			\$17,517.81
US Postmaster State Capitol Branch Sacramento, CA 95814	POS			\$1,995.89
Steven Ding 2696 Eagle Rock Circle Stockton, CA 95209	CNS			\$2,000.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 40721.47

* 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	CALIFORNIA FORM 460
from <u>10/01/2000</u>	
through <u>10/21/2000</u>	Page <u>54</u> of <u>60</u>

NAME OF FILER
Nakanishi for Senate

I.D. NUMBER
991831

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Johnson Clark Associates

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
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT			\$13,317.16
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT			\$1,211.88
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT			\$3,529.50
KCTC 5345 Madison Avenue, Ste. 100 Sacramento, CA 95841	RAD			\$3,812.25
KFBK 1440 Ethan #200 Sacramento, CA 95825	RAD			\$8,342.75

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 30213.54

* 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>10/01/2000</u>	CALIFORNIA FORM 460
through <u>10/21/2000</u>	
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NAME OF FILER Nakanishi for Senate	I.D. NUMBER 991831
NAME OF AGENT OR INDEPENDENT CONTRACTOR Johnson Clark Associates	

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
KGBY 1440 Ethan #200 Sacramento, CA 95825	RAD			\$3,842.00
KHYL 1440 Ethan #200 Sacramento, CA 95825	RAD			\$3,149.25
KNCI Radio 5244 Madison Avenue Sacramento, CA 95841	RAD			\$1,224.03
KTXL 4655 Fruitridge Sacramento, CA 95820	TEL			\$19,465.00
Studio Z Recording, Inc. 1030 48th Street Sacramento, CA 95819	RAD			\$989.00

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL* \$ 28669.28**

* 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 10/01/2000	CALIFORNIA FORM 460
through 10/21/2000	
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I.D. NUMBER 991831	

NAME OF FILER
Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Johnson Clark Associates

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
Studio Z Recording, Inc. 1030 48th Street Sacramento, CA 95819	TEL			\$1,224.03
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT			\$208.68
G. Strahan & Associates 7752 Robert's River Way Sacramento, CA 95831	LIT			\$915.00
JC Evans Communications 2358 Pez Vela Place Gold River, CA 95670	LIT			\$16,371.11
Voter Link, Inc. 245 Fischer Avenue, C-3 Costa Mesa, CA 92626	LIT			\$986.74

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 19705.56

* 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>10/01/2000</u>	CALIFORNIA FORM 460
through <u>10/21/2000</u>	
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I.D. NUMBER 991831	

NAME OF FILER
Nakanishi for Senate

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Stephen 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	OFC			\$178.44
OfficeMax 4733 Quail Lakes Dr. Stockton, CA	OFC			\$273.15
US Postmaster 3131 Arch Airport Stockton, CA 95213	POS			\$4,950.00
Staples 2415 West Kettleman Lane Lodi, CA 95242	OFC			\$377.50
Staples 2415 West Kettleman Lane Lodi, CA 95242	OFC			\$610.13

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 6389.22

* 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>10/01/2000</u> through <u>10/21/2000</u>	CALIFORNIA FORM 460
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	I.D. NUMBER 991831

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, ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pachyderm Press 1915 1/2 22nd Street Sacramento, CA 95816	LIT			
Spirit of Sacramento Riverboat 110 L Street Sacramento, CA 95814	FND			
US Postmaster State Capitol Branch Sacramento, CA 95814	POS			
Sara Durham 3508 24th Street Sacramento, CA 95818	FND			
Pachyderm Press 1915 1/2 22nd Street Sacramento, CA 95816	LIT			

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL* \$ 8962.01

*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>10/01/2000</u>	CALIFORNIA FORM 460
through <u>10/21/2000</u>	
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NAME OF FILER
 Nakanishi for Senate

I.D. NUMBER
 991831

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
US Postmaster State Capitol Branch Sacramento, CA 95814	POS			\$695.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL * \$ 695.00

* 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>10/01/2000</u> through <u>10/21/2000</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
10/03/2000	Central Valley PAC 1044 N. El Dorado Street Stockton, CA 95204	Reimbursement for telephone installation/deposit and copier rental	\$4,923.60
10/20/2000	Richard Pombo for Congress 28375 Chrisman Road Tracy, CA 95304	Reimbursement for purchase of postage stamps	\$2,800.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 7723.60

Schedule I Summary

- 1. Increases to cash of \$100 or more this period. \$ 7723.60
- 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 \$ 7723.60**

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660