

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

Type or print in Ink.

COVER PAGE

Date Stamp: NOV 11 2000 CITY CLERK CITY OF STOCKTON	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>11</u>	
For Official Use Only	

<b>Statement covers period</b>	<b>Date of election if applicable:</b> (Month, Day, Year)
from <u>01/01/2001</u>	<u>11/07/2000</u>
through <u>06/30/2001</u>	

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER 991831

COMMITTEE NAME  
Nakanishi for Senate

STREET ADDRESS (NO P.O. BOX)  
2495 W. March Lane, Ste. 204

CITY STATE ZIP CODE AREA CODE/PHONE  
Stockton, CA 95267 (209)477-7221

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
P.O. Box 7095

CITY STATE ZIP CODE AREA CODE/PHONE  
Stockton, CA 95267

OPTIONAL: FAX/E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Vona Copp

MAILING ADDRESS  
8958 Ivanpah Court

CITY STATE ZIP CODE AREA CODE/PHONE  
Elk Grove, CA 95624 916/686-1815

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

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

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM</b>	<b>460</b>
Page <u>2</u> of <u>11</u>	

**4. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
 Dr. Alan Nakanishi

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

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

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

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

**5. Ballot Measure Committee**

NAME OF BALLOT MEASURE

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

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

OFFICE SOUGHT OR HELD    DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input checked="" 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 7/16/01  
DATE

Executed on 7/20/01  
DATE

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

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

By *Jana L. Copp*  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Campaign Disclosure Statement  
Summary Page**

**SUMMARY PAGE**

Statement covers period from <u>01/01/2001</u>	<b>CALIFORNIA FORM 460</b>
through <u>06/30/2001</u>	
Page <u>3</u> of <u>11</u>	I.D. NUMBER 991831

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Nakanishi for Senate

**Contributions Received**

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C (ADD COLUMNS A + B) TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 0.00	\$ 0.00	\$ 0.00
2. Loans Received .....	Schedule B, Line 7	2500.00	138000.00	140500.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 2500.00	\$ 138000.00	\$ 140500.00
4. Non-monetary Contributions .....	Schedule C, Line 3	0.00	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 2500.00	\$ 138000.00	\$ 140500.00

**Expenditures Made**

6. Payments Made .....	Schedule E, Line 4	\$ 6352.48	\$ 0.00	\$ 6352.48
7. Loans Made .....	Schedule H, Line 7	0.00	0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	6352.48	0.00	6352.48
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$ -4616.21	\$ 4679.61	\$ 63.40
10. Nonmonetary Adjustment .....	Schedule C, Line 3	0.00	0.00	0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 1736.27	\$ 4679.61	\$ 6415.88

**Current Cash Statement**

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 4262.30
13. Cash Receipts .....	Column A, Line 3 above	2500.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	1943.73
15. Cash Payments .....	Column A, Line 8 above	6352.48
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2353.55

*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
------------------------------------	--------------------------------	---------

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	\$ 140563.40

21. Expenditures Made ..... \$ \_\_\_\_\_

**Schedule B - Part I  
Loans Received**

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

**SCHEDULE B - Part I**

Statement covers period from <u>01/01/2001</u> through <u>06/30/2001</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>11</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 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
01/30/2001	Dr. Alan S. Nakanishi 1136 Junewood Ct. Lodi, CA 95240 <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Physician Delta Eye Med. Group	Due Date N/A Interest Rate 0.00%	15000.00	Calendar Year \$ 17500.00		Calendar Year \$ _____
02/13/2001	Dr. Alan S. Nakanishi 1136 Junewood Ct. Lodi, CA 95240 <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	Physician Delta Eye Med. Group	Due Date N/A Interest Rate 0.00%	2500.00	Calendar Year \$ 17500.00		Calendar Year \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		Due Date Interest Rate %		Calendar Year \$ _____		Calendar Year \$ _____

**SUBTOTAL \$ 17500.00** Enter (b) on Summary Page 3 only.

**Loans Received - Part 1 Summary**

- Loans of \$100 or more received this period. (Include all Loans Received - Part 1 (a) subtotals.) ..... \$ 17500.00
- Amount received this period -- unitemized loans of less than \$100 ..... \$ 0.00
- Total loans received this period. (Add Lines 1 and 2.) ..... **TOTAL \$ 17500.00**

**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.) ..... \$ 15000.00
- 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 \$ (15000.00)**
- Net change this period. (Subtract Line 6 from Line 3.)  
Enter the net here and on the Summary Page, Column A, Line 2. .... **NET \$ 2500.00**  
May be a negative number.

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



**Schedule E  
Payments Made**

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

**SCHEDULE E**

Statement covers period from <u>01/01/2001</u>	<b>CALIFORNIA FORM 460</b>
through <u>06/30/2001</u>	
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I.D. NUMBER 991831	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T P.O. Box 78522  Phoenix, AZ 85062	OFC		\$686.01
AT&T P.O. Box 78522  Phoenix, AZ 85062	OFC		\$32.26
Vona Copp 8958 Ivanpah Court  Elk Grove, CA 95624		Treasurer fee & expenses	\$1,304.71

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

**SUBTOTAL \$ 2022.98**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 6014.18
2. Unitemized payments made this period of under \$100.	\$ 338.30
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 6352.48</b>

FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

**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>01/01/2001</u>	<b>CALIFORNIA FORM 460</b>
through <u>06/30/2001</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
Pacific Bell Payment Center  Sacramento, CA 95887-0001	OFC		\$101.13
Remedy Temp Agency File #92460  Los Angeles, CA 90074-2460	PHO		\$400.00
Remedy Temp Agency File #92460  Los Angeles, CA 90074-2460	PHO		\$276.60
The Donegal Group 3508 24th Street  Sacramento, CA 95818	PRO		\$967.50
Grapevine Independent 3338 Mather Field Road  Rancho Cordova, CA 95670	PRT		\$825.00

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

**SUBTOTAL \$ 2570.23**

**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>01/01/2001</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Grapevine Independent 3338 Mather Field Road  Rancho Cordova, CA 95670	PRT		\$1,237.50
Vona Copp 8958 Ivanpah Court  Elk Grove, CA 95624		Treasurer Fee & expenses	\$183.47

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

**SUBTOTAL \$ 1420.97**

**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>01/01/2001</u> through <u>06/30/2001</u>	<b>CALIFORNIA FORM 460</b>
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Nakanishi for Senate

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

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

\* 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
Remedy Temp Agency File #92460 Los Angeles, CA 90074-2460	PHO	400.00	0.00	400.00	0.00
The Donegal Group 3508 24th Street Sacramento, CA 95818	PRO	967.50	0.00	967.50	0.00
Pacific Bell Payment Center Sacramento, CA 95887-0001	OFC	101.13	0.00	101.13	0.00
<b>SUBTOTAL \$</b>		<b>1468.63 \$</b>	<b>0.00 \$</b>	<b>1468.63 \$</b>	<b>0.00</b>

**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 \$** 63.40
- 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 \$** 4679.61
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -4616.21

**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>01/01/2001</u> through <u>06/30/2001</u>	<b>CALIFORNIA FORM 460</b>
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Nakanishi for Senate

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LIT campaign literature and mailings  
MTG meetings and appearances

OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads  
RAD radio airtime and production costs

RFD returned contributions  
SAL campaign workers salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging and meals (explain)  
TRS staff/spouse travel, lodging and meals (explain)  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AT&T P.O. Box 78522 Phoenix, AZ 85062	OFC	686.01	0.00	686.01	0.00
Remedy Temp Agency File #92460 Los Angeles, CA 90074-2460	PHO	276.60	0.00	276.60	0.00
Grapevine Independent 3338 Mather Field Road Rancho Cordova, CA 95670	PRT	1237.50	0.00	1237.50	0.00
Grapevine Independent 3338 Mather Field Road Rancho Cordova, CA 95670	PRT	825.00	0.00	825.00	0.00
<b>SUBTOTAL</b>		<b>\$ 3025.11</b>	<b>\$ 0.00</b>	<b>\$ 3025.11</b>	<b>\$ 0.00</b>

**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>01/01/2001</u> through <u>06/30/2001</u>	<b>CALIFORNIA FORM 460</b>
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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
02/15/2001	Wayne C. Johnson & Assoc., Inc. 400 Capitol Mall, Suite 1560  Sacramento, CA 95814 KFIA \$406.11, KOVR \$100.00, KXTV \$1,350.00, other refunds under \$100.00	Media Refunds	\$1,943.73
<b>SUBTOTAL \$</b>			1943.73

Attach additional information on appropriately labeled continuation sheets.

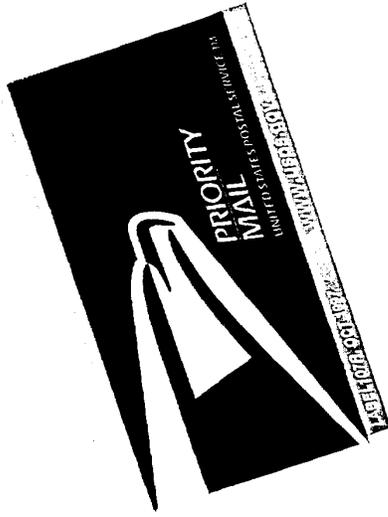
**Schedule I Summary**

1. Increases to cash of \$100 or more this period. ....	\$	1943.73
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.) .....	<b>TOTAL \$</b>	1943.73

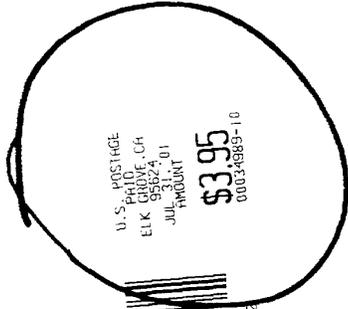
FPPC Form 460 (8/99)

For Technical Assistance: 916/322-5660

VIC Financial Services  
Vona Copp  
8958 Ivampah Court  
Elk Grove, CA 95624



95242



City of Lodi  
City Clerk  
221 W. Pine St.  
Lodi, CA 95242