

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	<b>CALIFORNIA</b> 2001/02 <b>FORM</b>	<b>460</b>
<b>RECEIVED</b>		Page <u>1</u> of <u>11</u>
JAN 11 2002		For Official Use Only
City Clerk City of Lodi		

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>07/01/2001</u>	<u>11/07/2000</u>
through <u>12/31/2001</u>	

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="radio"/> Officeholder, Candidate Controlled Committee | <input type="radio"/> Ballot Measure Committee   |
| <input type="radio"/> State Candidate Election Committee                      | <input type="radio"/> Primarily Formed   |
| <input type="radio"/> Recall<br><i>(Also Complete Part 5)</i>                 | <input type="radio"/> Controlled   |
| <input type="radio"/> General Purpose Committee                               | <input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i>   |
| <input type="radio"/> Sponsored   | <input type="radio"/> Primarily Formed Candidate/<br>Officeholder Committee<br><i>(Also Complete Part 7)</i> |
| <input type="radio"/> Small Contributor Committee                             |  |
| <input type="radio"/> Political Party/Central Committee                       |  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection 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 Preelection<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |  |

**3. Committee Information**

I.D. NUMBER  
991831

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

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

**4. 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 1/9/02  
Date

By Vona L. Copp  
Signature of Treasurer or Assistant Treasurer

Executed on 1/8/02  
Date

By Al Nakanishi  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

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

Type or print in Ink.

COVER PAGE - PART 2

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE			
Dr. Alan Nakanishi			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
State Senator			
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 statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
Nakanishi for Assembly 2002	1239474
NAME OF TREASURER	CONTROLLED COMMITTEE?
Vona Copp	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2001	
through	12/31/2001	Page <u>3</u> of <u>11</u>
		I.D. NUMBER 991831

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Nakanishi for Senate

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 36000.00	\$ 36000.00
2. Loans Received ..... Schedule B, Line 3	\$ -36000.00	\$ 104500.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 0.00	\$ 140500.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 0.00	\$ 140500.00

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

	Column A	Column B
6. Payments Made ..... Schedule E, Line 4	\$ 494.31	\$ 6846.79
7. Loans Made ..... Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 494.31	\$ 6846.79
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ -23.02	\$ 40.38
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 471.29	\$ 6887.17

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 2353.55
13. Cash Receipts ..... Column A, Line 3 above	\$ 0.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ 468.34
15. Cash Payments ..... Column A, Line 8 above	\$ 494.31
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2327.58

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00
<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents ..... See instructions on reverse	\$ 0.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 104540.38

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from <u>07/01/2001</u>		
through <u>12/31/2001</u>		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, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
09/28/2001	Committee to Elect William J. 'Pete' Knight (#910804) 208 Shirley Lane Palmdale, CA 93551	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		36,000.00	36,000.00	0 01 36000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 36,000.00**

**Schedule A Summary**

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.).....	\$ <u>36000.00</u>
2. Amount received this period – unitemized contributions of less than \$100 .....	\$ <u>0.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$ <u>36000.00</u></b>

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
 (other than PTY or SCC)  
 OTH – Other  
 PTY – Political Party  
 SCC – Small Contributor Committee

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule B – Part 1  
Loans Received**

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

Statement covers period  
from 07/01/2001  
through 12/31/2001  
Page 5 of 11

SEE INSTRUCTIONS ON REVERSE

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

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dr. Alan S. Nakanishi 1136 Junewood Ct. Lodi, CA 95240 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Delta Eye Med. Group	\$ 25,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 25,000.00 DATE DUE	0% RATE	\$ 25,000.00 12/30/1999 DATE INCURRED	CALENDAR YEAR \$ 17,500.00 PER ELECTION** \$ 00 2500.00
Dr. Alan S. Nakanishi 1136 Junewood Ct. Lodi, CA 95240 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Delta Eye Med. Group	\$ 43,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 43,000.00 DATE DUE	0% RATE	\$ 43,000.00 02/29/2000 DATE INCURRED	CALENDAR YEAR \$ 17,500.00 PER ELECTION** \$ 00 2500.00
Dr. Alan S. Nakanishi 1136 Junewood Ct. Lodi, CA 95240 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Delta Eye Med. Group	\$ 8,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 8,000.00 DATE DUE	% RATE	\$ 8,000.00 06/30/2000 DATE INCURRED	CALENDAR YEAR \$ 17,500.00 PER ELECTION** \$ 00 2500.00
<b>SUBTOTALS \$</b>		<b>0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 76,000.00</b>	<b>\$ 0.00</b>		

**Schedule B Summary**

1. Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period ..... \$ 36000.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.)..... **NET \$** -36000.00  
(May be a negative number)  
Enter the net here and on the Summary Page, Column A, Line 2.

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

† Contributor Codes  
IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee

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**Schedule B – Part 1  
Loans Received**

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

Statement covers period	
from	07/01/2001
through	12/31/2001

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Nakanishi for Senate

I.D. NUMBER  
991831

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dr. Alan S. Nakanishi 1136 Junewood Ct. Lodi, CA 95240  † <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Delta Eye Med. Group	\$ 1,000.00	\$ 0.00	\$ 0.00	\$ 1,000.00	\$ _____	\$ 1,000.00	\$ 17,500.00
Committee to Elect William J. 'Pete' Knight (#910804) 208 Shirley Lane Palmdale, CA 93551  † <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 36,000.00	\$ 0.00	\$ 36,000.00	\$ 0.00	\$ 0.00	\$ 36,000.00	\$ 36,000.00
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 <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 5,000.00	\$ 0.00	\$ 0.00	\$ 5,000.00	\$ _____	\$ 5,000.00	\$ 0.00
<b>SUBTOTALS \$</b>		0.00	\$ 36,000.00	\$ 6,000.00	\$ 0.00			

**Schedule B Summary**

1. Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period ..... \$ 36000.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** -36000.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
  
\*\* If required.

† Contributor Codes  
IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee

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**Schedule B – Part 1  
Loans Received**

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

Statement covers period

through 12/31/2001

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

I.D. NUMBER

991831

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dr. Alan S. Nakanishi 1136 Junewood Ct. Lodi, CA 95240  † <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Delta Eye Med. Group	\$ 5,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00  DATE DUE	0% RATE	\$ 5,000.00	CALENDAR YEAR \$ 17,500.00 PER ELECTION** G 00 2500.00
Dr. Alan S. Nakanishi 1136 Junewood Ct. Lodi, CA 95240  † <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Delta Eye Med. Group	\$ 15,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	15,000.00  DATE DUE	0% RATE	\$ 15,000.00  01/30/2001 DATE INCURRED	CALENDAR YEAR \$ 17,500.00 PER ELECTION** G 00 2500.00
Dr. Alan S. Nakanishi 1136 Junewood Ct. Lodi, CA 95240  † <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Delta Eye Med. Group	\$ 2,500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,500.00  DATE DUE	0% RATE	\$ 2,500.00  02/13/2001 DATE INCURRED	CALENDAR YEAR \$ 17,500.00 PER ELECTION** G 00 2500.00
<b>SUBTOTALS \$</b>			0.00 \$	0.00 \$	22,500.00 \$	0.00		

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period ..... \$ 36000.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** -36000.00  
(May be a negative number)  
Enter the net here and on the Summary Page, Column A, Line 2.

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

† Contributor Codes  
IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee

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**Schedule E  
Payments Made**

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

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from <u>07/01/2001</u>	through <u>12/31/2001</u>	
Page <u>8</u> of <u>11</u>		I.D. NUMBER
		991831

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Farmers and Merchants Bank 1020 W. Kettleman Ln. Lodi CA 95204	OFC		15.00
Vona Copp 8958 Ivanpah Court Elk Grove CA 95624		Treasurer Fee & Expenses	63.40
Vona Copp 8958 Ivanpah Court Elk Grove CA 95624		Treasurer fee and expenses.	292.51

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$ <u>494.31</u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>0.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ <u>0.00</u>
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 \$ <u>494.31</u></b>

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

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2001	
through	12/31/2001	Page <u>9</u> of <u>11</u>
NAME OF FILER		I.D. NUMBER
Nakanishi for Senate		991831

SEE INSTRUCTIONS ON REVERSE

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Farmers and Merchants Bank 1020 W. Kettleman Ln. Lodi CA 95204	OFC			15.00
Farmers and Merchants Bank 1020 W. Kettleman Ln. Lodi CA 95204	OFC		Bank Charge	15.00
Farmers and Merchants Bank 1020 W. Kettleman Ln. Lodi CA 95204	OFC		Bank Charge	15.00
Farmers and Merchants Bank 1020 W. Kettleman Ln. Lodi CA 95204	OFC		Bank Charge	15.00
Vona Copp 8958 Ivanpah Court Elk Grove CA 95624	PRO			63.40

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

**SUBTOTAL \$** 123.40

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

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

Statement covers period from <u>07/01/2001</u> through <u>12/31/2001</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>10</u> of <u>11</u>
	I.D. NUMBER 991831

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Nakanishi for Senate

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

**Schedule 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 \$** 40.38
- 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 \$** 63.40
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -23.02  
May be a negative number

**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>07/01/2001</u> through <u>12/31/2001</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>11</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Senate

I.D. NUMBER

991831

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12/10/2001	AT&T P.O. Box 78522 Phoenix, AZ 85062	Telephone Deposit Refund	468.34

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

468.34

**Schedule I Summary**

1. Increases to cash of \$100 or more this period. ....	\$ <u>468.34</u>
2. Unitemized increases to cash under \$100 this period. ....	\$ <u>0.00</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$ <u>0.00</u>
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 \$ <u>468.34</u></b>