

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA 2001/02 FORM 460
	
Page <u>1</u> of <u>99</u>	
For Official Use Only	

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>02/17/2002</u>	<u>11/05/2002</u>
through <u>06/30/2002</u>	

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Primarily Formed |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Controlled |
| <small>(Also Complete Part 5)</small> | <input type="checkbox"/> Sponsored |
| | <small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee |
| <input type="checkbox"/> Sponsored | <small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> 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
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1239474

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

Nakanishi for Assembly 2002

STREET ADDRESS (NO P.O. BOX)

1136 Junewood Court

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi, CA 95242

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Vona L. 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 7/28/02
Date

Executed on 7/9/02
Date

Executed on _____
Date

Executed on _____
Date

By Vona 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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
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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 Assembly Person				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
1136 Junewood Court	Lodi, CA	95242		

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 Senate	991831

NAME OF TREASURER	CONTROLLED COMMITTEE?
Vona L. Copp	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	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

COMMITTEE NAME	I.D. NUMBER
Nakanishi for Assembly	980198

NAME OF TREASURER	CONTROLLED COMMITTEE?
Jon Nakanishi	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
1136 Junewood Court			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi, CA	95242		209/369-1826

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 PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. 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 checked="" 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		CALIFORNIA FORM 460
from	02/17/2002	
through	06/30/2002	Page 3 of 99
NAME OF FILER Nakanishi for Assembly 2002		I.D. NUMBER 1239474

SEE INSTRUCTIONS ON REVERSE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 215,163.00	\$ 320,902.00
2. Loans Received Schedule B, Line 3	25,000.00	105,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 240,163.00	\$ 425,902.00
4. Nonmonetary Contributions Schedule C, Line 3	7,408.18	7,588.18
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 247,571.18	\$ 433,490.18

**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	\$ 396,490.18	\$ 0.00
21. Expenditures Made	\$ 384,908.99	\$ 0.00

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ 224,718.67	\$ 377,034.00
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 224,718.67	\$ 377,034.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-12,789.16	33,484.98
10. Nonmonetary Adjustment Schedule C, Line 3	7,408.18	7,588.18
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 219,337.69	\$ 418,107.16

**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
11 / 05 / 2002	\$ 25,079.65
03 / 05 / 2002	\$ 399,648.05
____ / ____ / ____	\$ _____
____ / ____ / ____	\$ _____
____ / ____ / ____	\$ _____
____ / ____ / ____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 116,255.94
13. Cash Receipts Column A, Line 3 above	240,163.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	224,718.67
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 131,700.27

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).

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 138,484.98

*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

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>99</u>
I.D. NUMBER 1239474	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Nakanishi for Assembly 2002

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)
02/19/2002	Stan Adams 719 Antiquity Drive Fairfield, CA 94585	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regional VP Adventist Health	150.00	150.00	P 02 150.00
02/19/2002	Antonio C. Amador 7725 Hazenmore Court Elk Grove, CA 95758	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator PERB	100.00	100.00	P 02 100.00
02/19/2002	Joyce Amundson 8200 Short Road Sacramento, CA 95828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	100.00	150.00	P 02 150.00
02/19/2002	Robert W. Foy 933 W. Monterey Ave. Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO California Water Service Co.	300.00	300.00	P 02 300.00
02/19/2002	Michael R. Panzer, D.D.S. 6329 Embarcadero Drive Stockton, CA 95209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	450.00	P 02 250.00 G 02 200.00
SUBTOTAL \$				900.00		

Schedule A Summary

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.).....	\$	213,247.00
2. Amount received this period – unitemized contributions of less than \$100	\$	1,916.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	215,163.00

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

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

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
through	06/30/2002	Page 5 of 99
NAME OF FILER		I.D. NUMBER
Nakanishi for Assembly 2002		1239474

SEE INSTRUCTIONS ON REVERSE

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)
02/19/2002	Arthur K. Nakashima 5045 E. Morada Lane Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	20.00	145.00	P 02 170.00
02/19/2002	Ken Nomura 100 Arbusto Circle Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
02/19/2002	Nick Spanos Jr. 306 Shady Acres Drive Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist Lodi Drug Co.	750.00	2,000.00	P 02 1,000.00 G 02 1,000.00
02/20/2002	Blincoe Manor Farm 14501 Wells Lane Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 02 100.00
02/20/2002	De Snayer Dairy 23243 N. Rond Road Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 02 250.00
02/20/2002	Christopher Engh 125 W. Mendocino Ave. Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Krologg, Betcher, et al	150.00	150.00	P 02 150.00
SUBTOTAL \$				1,370.00		

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

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from <u>02/17/2002</u>		
through <u>06/30/2002</u>		Page <u>6</u> of <u>99</u>
NAME OF FILER Nakanishi for Assembly 2002		I.D. NUMBER 1239474

SEE INSTRUCTIONS ON REVERSE

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)
02/21/2002	Langetwins Partnership 1298 W. Jahant Road Acampo, CA 95220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	650.00	P 02 150.00 G 02 500.00
02/22/2002	Donald R. Ammon 7660 Woodborough Drive Granite Bay, CA 95746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO Adventist Health	150.00	150.00	P 02 150.00
02/22/2002	Robert G. Carmen 2100 Douglas Blvd. Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Executive Adventist Health	150.00	150.00	P 02 150.00
02/22/2002	Teresa M. Day 37960 Marondi Drive Calimesa, CA 92320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Executive Adventist Health	150.00	150.00	P 02 150.00
02/22/2002	H. Lee Dempsey Jr. 6343 Embarcadero Drive Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	P 02 200.00
02/22/2002	James M. Dobbins Jr. 650 Bayview Drive Rio Del Mar, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00	1,000.00	P 02 1,000.00
SUBTOTAL \$				1,800.00		

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

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

SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER
1239474

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)
02/22/2002	Larry D. Dodds 9744 Weddington Circle Granite Bay, CA 95746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Executive Adventist Health	100.00	100.00	P 02 100.00
02/22/2002	George Kishida, Inc. 1725 Ackerman Drive Lodi, CA 95240-6396	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,000.00	P 02 2,000.00
02/22/2002	Everett J. Gooch 1905 Finnell Road Yountville, CA 94599	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Care Executive Adventist Health	150.00	150.00	P 02 150.00
02/22/2002	Guntert & Zimmerman 222 East Fourt Street Ripon, CA 96366	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	P 02 3,000.00
02/22/2002	K. Kimura 3218 Nordike Dr. Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	100.00	P 02 50.00 G 02 50.00
02/22/2002	Jorge J. Kurek 3733 Brook Valley Circle Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician St. Joseph's Hospital	300.00	300.00	P 02 300.00
SUBTOTAL \$				4,600.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
through	06/30/2002	Page 8 of 99

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
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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)
02/22/2002	Oakwood Lake Inc. 874 E. Woodward Avenue Manteca, CA 95337	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	750.00	P 02 1,250.00
02/22/2002	Douglas E. Rebok 4300 Indian Creek Road Lincoln, CA 95648	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Adventist Health	150.00	150.00	P 02 150.00
02/22/2002	Michael P. Restuccia 900 Topaz Lane Ripon, CA 95366	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Council Member City of Ripon	150.00	150.00	P 02 150.00
02/22/2002	John F. Sheldon 1100 S. Tuxedo Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
02/22/2002	H.S. Shergill M.D. 5345 N. El Dorado, Ste. 3 Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	100.00	100.00	P 02 100.00
02/22/2002	Raquel Thompson 21030 N. Davis Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner L.V. Thompson Farming	300.00	300.00	P 02 300.00
SUBTOTAL \$				1,550.00		

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

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
through	06/30/2002	Page 9 of 99
NAME OF FILER		I.D. NUMBER
Nakanishi for Assembly 2002		1239474

SEE INSTRUCTIONS ON REVERSE

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)
02/22/2002	Walter C. Tim 5205 Adahmor Drive Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
02/22/2002	Kenneth J. Wagner 3153 W. Sonoma Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	P 02 250.00
02/22/2002	Patricia Will Wells 631 Morse Avenue Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	750.00	750.00	P 02 750.00
02/23/2002	The Family Action PAC (#1225424) 1601 Dove Street, Ste. 145 Newport Beach, CA 92660	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 02 1,000.00
02/25/2002	Air Conditioning Trade Association 35 East 10th Street, Ste. H Tracy, CA 95376	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 02 250.00
02/25/2002	Deborah Bassett 1153 Port Chelsea Circle Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Loan Processor Bank of Lodi	300.00	300.00	P 02 300.00
SUBTOTAL \$				2,650.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
Page <u>10</u> of <u>99</u>	I.D. NUMBER 1239474

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

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)
02/25/2002	Elk Grove Orthodontics 9727 Elk Grove Florin Road, Ste. 280 Elk Grove, CA 95624	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 02 250.00
02/25/2002	H&D Electric Inc. 5306 Walnut Avenue Sacramento, CA 95841	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 02 3,000.00
02/25/2002	Alfredo Leon 3011 Del Rio Drive Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Alfredo Leon, M.D., Inc.	200.00	200.00	P 02 200.00
02/25/2002	T.A. Molfino 1701 Edgewood Drive Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	500.00	P 02 500.00
02/25/2002	Perman Bros. 350 East Peltier Road Acampo, CA 95220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	P 02 2,000.00
02/25/2002	Plummer Pontiac Cadillac GMC Inc. 1011 S. Cherokee Lane Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
SUBTOTAL \$				4,950.00		

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

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
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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)
02/25/2002	Richard Pombo For Congress 28375 South Chrisman Road Tracy, CA 95304	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	P 02 3,000.00
02/25/2002	Shared Network Services, LLC P.O. Box 1742 Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 02 250.00
02/25/2002	Bruce Stump M.D. 1205 Stanton Way Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	300.00	300.00	P 02 300.00
02/25/2002	Kenneth Scott Vogel 7322 Pezzi Road Stockton, CA 95215-9113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School Administrator Lodi Unified School District	50.00	375.00	P 02 200.00 G 02 175.00
02/25/2002	Alan T. Wright 686 Wallace Drive Wayne, PA 19087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Manager Wyeth Laboratories	300.00	300.00	P 02 300.00
02/27/2002	Philip Abeldt DDS P.O. Box 635 Lodi, CA 95241-0635	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Self-Employed	150.00	300.00	P 02 150.00 G 02 150.00
SUBTOTAL \$				4,050.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

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1239474

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)
02/27/2002	Acampo Investment Co. P.O. Box 547 Woodbridge, CA 95258	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	P 02
02/27/2002	Arbor Secure Storage Complex 19666 N. Highway 99 Acampo, CA 95220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		600.00	600.00	P 02 600.00
02/27/2002	Kelly Arnaiz 133 Mokelumne River Drive Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	1,500.00	1,500.00	P 02 1,500.00
02/27/2002	John Beckman 1022 Downing Drive Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Field Representative Assembly Pescetti's Office	150.00	300.00	P 02 300.00
02/27/2002	Friends of Senator Ross Johnson (#950521) 17192 Murphy Avenue Irvine, CA 92623	<input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	P 02 3,000.00
02/27/2002	Louis K. Meyer 10644 Oakwilde Avenue Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive American Medical Response	750.00	3,250.00	P 02 1,750.00 G 02 2,500.00
SUBTOTAL \$				6,150.00		

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

Type or print in ink.
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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)
02/27/2002	Ruth A. Radmore 3824 Hubbard Avenue Stockton, CA 95215	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	150.00	P 02 150.00
02/27/2002	Walter E. Reiss M.D. 204 Gramercy Park Drive Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Lodi Memorial Hospital	100.00	100.00	P 02 100.00
02/27/2002	Thomas A. Sanchez 8335 Leale Avenue Stockton, CA 95212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Division Contract Manager Waste Management	150.00	150.00	P 02 150.00
02/27/2002	P.M. Sanguinetti 7677 E. Hwy. 4 Stockton, CA 95215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Sanguinetti Farms	300.00	300.00	P 02 300.00
02/27/2002	Michele Sprague 19015 N. Davis Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	750.00	750.00	P 02 750.00
02/27/2002	Timothy T.W. Starkweather 509 W. Weber Avenue, Ste. 410 Stockton, CA 95203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Monte Vista Development	1,500.00	2,500.00	P 02 2,500.00
SUBTOTAL \$				2,950.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

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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)
02/28/2002	Doris Batch 11174 N. Davis Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer Self-Employed	500.00	800.00	P 02 500.00 G 02 300.00
02/28/2002	John Beckman 1022 Downing Drive Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Field Representative Assembly Pescetti's Office	150.00	300.00	P 02 300.00
02/28/2002	California Podiatric Political Action Committee (#790860) 2430 K Street Sacramento, CA 95816	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
02/28/2002	Collins Electrical Company Inc. 611 W. Fremont Street Stockton, CA 95203	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 02 1,500.00
02/28/2002	George Brinnig, Ph.D., M.D., Comprehensive Ophthalmology 1130 Coffee Road, Ste. 3-B Modesto, CA 95355	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	P 02 300.00
02/28/2002	Golden Bear Insurance Company 709 North Center Street, Ste. 2-A Stockton, CA 95202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
SUBTOTAL \$				3,450.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

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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)
02/28/2002	Robert C. Hall 600 Hawthorn Road Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
02/28/2002	Harold E. Nutter & Son, Inc. Electrical Contractors & Engineers 3017 Douglas Blvd., Ste. 200 Roseville, CA 95661	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	P 02 3,000.00
02/28/2002	Junay Gardner Logan 9386 Salina Way Sacramento, CA 95827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant State Legislature	100.00	280.13	P 02 280.13
02/28/2002	MacKay & Soms Civil Engineers, Inc. 5142 Franklin Drive, Ste. C Pleasanton, CA 94588	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 02 100.00
02/28/2002	Ken Gene Mar D.D.S. 5230 Hildreth Lane Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	350.00	P 02 350.00
02/28/2002	Stockton Pediatric Medical Group, Inc. 530 West Acacia Street, Ste. 7 Stockton, CA 95203	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 02 250.00
SUBTOTAL \$				3,700.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
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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)
02/28/2002	The Stockton Good Guys 2800 W. March Lane, Ste. 324 Stockton, CA 95219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
02/28/2002	Stanley T. Uyeyama D.D.S. 1060 N. Ventura Road Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Self-Employed	200.00	200.00	P 02 200.00
03/01/2002	American Medical Response 2821 South Parker Road, 9th Floor Aurora, CO 80014	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	2,500.00	P 02 2,500.00
03/01/2002	Jack E. Carter 2371 Hyde Park Circle Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Bank of Stockton	100.00	100.00	P 02 100.00
03/01/2002	A. Noble DaShiell 415 W. Park Stockton, CA 95203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician San Joaquin County	200.00	200.00	P 02 200.00
03/01/2002	Diede Construction, Inc.. P.O. Box 1007 Woodbridge, CA 95258	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	750.00	P 02 750.00
SUBTOTAL \$				3,250.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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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)
03/01/2002	F&H Construction P.O. Box 55245 Stockton, CA 95205	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,450.00	P 02 3,000.00 G 02 450.00
03/01/2002	Rodolfo Mussi 10,000 South Cal-Pack Road Stockton, CA 95206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer Self-Employed	100.00	100.00	P 02 100.00
03/01/2002	Arthur K. Nakashima 5045 E. Morada Lane Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	145.00	P 02 170.00
03/01/2002	Timothy T.W. Starkweather 509 W. Weber Avenue, Ste. 410 Stockton, CA 95203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Monte Vista Development	1,000.00	2,500.00	P 02 2,500.00
03/01/2002	Tenet Healthcare Corporation 3820 State Street Santa Barbara, CA 93105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 02 1,500.00
03/01/2002	Susan Vander Schaaf 12727 Murphy Road Escalon, CA 95320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Vander Schaaf Dairy	200.00	200.00	P 02 200.00
SUBTOTAL \$				5,850.00		

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

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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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)
03/02/2002	Borra Vineyards 1301 E. Armstrong Road Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	P 02 200.00
03/02/2002	Kelvin Loh M.D. 686 Piropo Court Camarillo, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	500.00	500.00	P 02 500.00
03/02/2002	Mizuno Farms, Inc. 29050 Ahern Road Tracy, CA 95304	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
03/04/2002	Beverly Enterprises, Inc. One Thousand Beverly Way Fort Smith, AR 72919-2500	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,250.00	P 02 1,250.00
03/04/2002	California Psychiatric Political Action Committee (#790281) 1400 K Street, Ste. 302 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1,500.00	P 02 1,500.00
03/04/2002	California Real Estate Political Action Committee/BORPAC (#890106) 525 S. Virgil Avenue Los Angeles, CA 90020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,500.00	7,500.00	P 02 4,500.00 G 02 3,000.00
SUBTOTAL \$				4,200.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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03/04/2002	Califia, LLC dba River Islands @ Lathrop 1350 Treat Blvd., Ste. 560 Walnut Creek, CA 94596	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,000.00	P 02 1,000.00 G 02 1,000.00
03/04/2002	Coast Nurseries, Inc. 15914 South Broadway Gardena, CA 90248	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	P 02 300.00
03/04/2002	Feld Entertainment, Inc. 8607 Westwood Center Drive Vienna, CA 22182	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	3,000.00	P 02 2,500.00 G 02 500.00
03/04/2002	Herum, Crabtree, Brown Attorneys at Law 2291 W. March Lane, Ste. B-100 Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 02 250.00
03/04/2002	Lodi City Center 12, LLC 2800 March Lane, Ste. 360 Stockton, CA 95219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 02 1,000.00
03/04/2002	Manteca Investment Properties, LLC 42 N. Sutter Street, Ste. 307 Stockton, CA 95202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1,500.00	P 02 500.00 G 02 1,000.00
SUBTOTAL \$				5,550.00		

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

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03/04/2002	William T. Meehleis 1360 Rivergate Drive Lodi, CA 95240	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Meehleis Modular Buildings	1,000.00	1,000.00	P 02 1,000.00
03/04/2002	Meister Eye & Laser Center, A Medical Group, Inc. 5959 Greenback Land, Ste. 310 Citrus Heights, CA 95621	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
03/04/2002	James R. Powell M.D. 12 Rutgers Court Rancho Mirage, CA 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
03/04/2002	Ray Haynes For State Assembly (#1232341) 5041 La Mart, Ste. 100 Riverside, CA 92507	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	P 02 3,000.00
03/04/2002	Alex Turkatte 2949 Thompson Road Stockton, CA 95215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
03/05/2002	S. Elizabeth Brusa 2461 Central Park Drive Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	100.00	100.00	P 02 100.00
SUBTOTAL \$				4,800.00		

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

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
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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)
03/05/2002	Behroze F. Buhari 3826 14 Mile Drive Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Stockton Cardiology	1,000.00	1,000.00	P 02 1,000.00
03/05/2002	Sandra Gelernter Greenleaf P.O. Box 14 Stockton, CA 95201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office Manager Dr. Edward C. Greenleaf, Inc.	250.00	250.00	P 02 250.00
03/05/2002	Linda Heltzel-French 5580 Brook Falls Court Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	500.00	500.00	P 02 500.00
03/05/2002	James L. Rore, Professional Dental Corp. 4255 Pacific Ave., Ste. 12 Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 02 100.00
03/05/2002	Melba A. Berbano, M.D., Inc. 73 W. March Lane, Ste. A Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
03/05/2002	Marc Silverstein M.D. 11720 Hollenbeck Way Gold River, CA 95670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	250.00	250.00	P 02 250.00
SUBTOTAL \$				2,600.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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03/05/2002	Gary L. Twing 14615 Banner Quaker Hill Road Nevada City, CA 95959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Certified Financial Planner Financial Network	750.00	750.00	P 02 750.00
03/06/2002	Lodi Gas Storage, LLC 1822 W. Kettleman Lane, Ste. #3 Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,000.00	P 02 1,500.00 G 02 1,000.00
03/13/2002	LVH Electric, Inc. - LVH Entertainment Systems 300 Irving Drive Oxnard, CA 93030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	P 02 200.00
03/18/2002	Anheuser-Busch, Inc. 3932 Budweiser Court Stockton, CA 95215	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	P 02 300.00
04/09/2002	California Beer & Beverage Distributors (#761487) 1 Capitol Mall, Ste. 230 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
04/15/2002	Anthony Nick Cardinale 8370 Bull Mountain Circle Elk Grove, CA 95758	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Alcon	250.00	250.00	P 02 250.00
SUBTOTAL \$				3,000.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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 to whole dollars.

SCHEDULE A

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04/15/2002	Beverly Felten 1001 W. Pine St. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	100.00	P 02 50.00 G 02 50.00
04/15/2002	Carl Fogliani 3469 W. Benjamin Holt Drive, Apt. 424 Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Self-Employed	100.00	250.00	P 02 250.00
04/15/2002	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 <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician San Joaquin County	250.00	250.00	P 02 250.00
04/15/2002	Roland Hart M.D. 3031 W. March Lane, Ste. 336E Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	100.00	100.00	P 02 100.00
04/15/2002	Hogan Mfg., Inc. P.O. Box 398 Escalon, CA 95320	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
04/15/2002	James H. Holmes, Jr., M.D., Inc. 512 W. Harding Way Stockton, CA 95204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G 02 250.00
SUBTOTAL \$				1,250.00		

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

Type or print in ink.
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SCHEDULE A

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04/15/2002	Daniel M. Kunihiro 25580 Mandarin Court Loma Linda, CA 92354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Periodontist Daniel M. Kunihiro, DDS, Inc. and Assoc.	500.00	500.00	P 02 500.00
04/15/2002	Richard Kunihiro 2435 Sherwood Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Self-Employed	500.00	500.00	G 02 500.00
04/15/2002	Shirou Kunihiro 555 North D Loma Linda, CA 92354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00	1,000.00	P 02 1,000.00
04/15/2002	Sharon Lundgren P.O. Box 695 Pine Grove, CA 95665	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Volcano Telephone Co.	100.00	100.00	P 02 100.00
04/15/2002	Edward L. Marlow 7193 Clearbrook Way Sacramento, CA 95823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer PSOMAS	200.00	200.00	P 02 200.00
04/15/2002	Gary A. Podesto 4468 Heron Lakes Drive Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mayor City of Lodi	3,000.00	3,000.00	P 02 3,000.00
SUBTOTAL \$				5,300.00		

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

Type or print in ink.
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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)
04/15/2002	Sacramento Area Fairness Employment PAC (#1222280) 455 Capitol Mall, Ste. 801 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
04/15/2002	Carolyn M. Sakaue 1360 E. Herndon, #301 Fresno, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Eye Medical Center	100.00	100.00	P 02 100.00
04/15/2002	Phyllis Schumacher 1165 Green Oaks Way Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
04/15/2002	Lloyd K. Sewake 5840 Esrig Way Sacramento, CA 95841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
04/15/2002	Yasuo Umezu 7525 Hazelnut Lane Sacramento, CA 95828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
04/24/2002	E&J Gallo Winery P.O. Box 1130 Modesto, CA 95353	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 02 1,500.00
SUBTOTAL \$				2,400.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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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)
04/24/2002	Taxpayers for Dave Cox Assembly (#962448) 455 Capitol Mall, Ste. 801 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	G 02 3,000.00
04/25/2002	Associated Builders & Contractors of California PAC (#780059) 1127 - 11th Street, #300 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
04/25/2002	William T. Huston 515 S. Figueroa St., Ste. 1910 Los Angeles, CA 90071-3336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Watson Land Company	1,500.00	3,000.00	P 02 2,500.00 G 02 1,500.00
04/25/2002	Akiko Minami 1026 McNeil Avenue Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	150.00	P 02 150.00
04/25/2002	Roger K. Minami 611 Pannsylvania Ave., SE, #188 Washington, DC 90003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant to the Administrator US Department of Agriculture	200.00	200.00	P 02 200.00
04/25/2002	Yaichiro Minami 645 S. College Drive Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	525.00	P 02 150.00 G 02 375.00
SUBTOTAL \$				5,500.00		

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

Type or print in ink.
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SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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04/30/2002	California Building Industry Association PAC (#890483) 1215 K Street, Ste. 1200 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,300.00	P 02 3,000.00 G 02 300.00
04/30/2002	Osteopathic Physicians and Surgeons of CA Public Affairs Committee (#800304) 1127 - 11th Street, Ste. 300 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
05/02/2002	Association of Woodworking & Furnishings Suppliers 5800 S. Eastern Ave., #330 City of Commerce, CA 90040	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 02 1,000.00
04/26/2002	Agricultural Council of California PAC (#761092) P.O. Box 831 Sacramento, CA 95812-0831	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
04/26/2002	California Cattlemen's Association PAC (Cattle-PAC) (#760980) 1221 H Street Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
04/29/2002	Verizon Communications Inc. Good Government Club - California (#CA 0000071) #1 Verizon Way Thousand Oaks, CA 91362	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
SUBTOTAL \$				6,000.00		

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

Type or print in ink.
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SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
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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)
05/02/2002	California Psychiatric Political Action Committee (#790281) 1400 K Street, Ste. 302 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1,500.00	P 02 1,500.00
05/03/2002	California Speech-Language-Hearing Association - PAC (#851683) 1127 - 11th Street, Ste. 300 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
05/03/2002	Peach - PAC - State Account (#744129) P.O. Box 7001 Lafayette, CA 94549	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
05/07/2002	Fred A. Douma 470 Laurelwood Lane Ripon, CA 95366	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Fred A. Douma Dairy	1,000.00	3,000.00	P 02 3,000.00 G 02 1,000.00
05/07/2002	Fred A. Douma 470 Laurelwood Lane Ripon, CA 95366	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Fred A. Douma Dairy	2,000.00	3,000.00	P 02 3,000.00 G 02 1,000.00
05/03/2002	Consulting Engineers & Land Surveyors PAC (#782143) 1303 J Street, Ste. 370 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
SUBTOTAL \$				5,000.00		

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

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SCHEDULE A

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05/03/2002	Farmers Group Inc. 4680 Wilshire Blvd. LosAngeles, CA 90010-3807	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 02 1,000.00
05/08/2002	California Financial Services Assn. (#881022) 980 - 9th Street, Ste. 2190 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
05/08/2002	California Steel Industries, Inc. 14000 San Bernardino Ave. Fontana, CA 92335	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
05/08/2002	Lima Ranch 13436 N. Thornton Road Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,000.00	P 02 2,000.00
05/09/2002	California Assoc. of Collectors PAC - Fund (#254490) P.O. Box 254490 Sacramento, CA 95865	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
05/13/2002	Pacific Coast Producers PAC (#901743) P.O. Box 1600 Lodi, CA 95241	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 02 1,000.00
SUBTOTAL \$				4,500.00		

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

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SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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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)
05/14/2002	F&M Bank P.O. Box 3000 Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
05/17/2002	Tom K. Beard 800 N. Shaw Road Stockton, CA 95215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Stockton Terminal	200.00	200.00	P 02 200.00 G 02 200.00
05/17/2002	Boyd Thompson Associates P.O. Box 1436 Murphys, CA 95247	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	200.00	P 02 100.00 G 02 100.00
05/17/2002	John P. Butorac 3306 Cove Circle Stockton, CA 95204-3861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00	1,000.00	P 02 1,000.00 G 02 1,000.00
05/17/2002	El Dorado Hills Investors, Ltd. 4477 Golden Foothill Pkwy. El Dorado Hills, CA 95762	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	G 02 3,000.00
05/09/2002	Oak Tree Racing Association 285 W. Huntington Drive Arcadia, CA 91007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 02 250.00
SUBTOTAL \$				5,050.00		

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

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

SCHEDULE A

Statement covers period from <u>02/17/2002</u>	CALIFORNIA FORM 460
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1239474

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)
05/14/2002	Peter M. Bregman 11701 E. Kettleman Lane Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Self-Employed	500.00	650.00	P 02 750.00
05/16/2002	Granite Construction Company P.O. Box 50085 Watsonville, CA 95077	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,150.00	P 02 1,150.00
05/13/2002	AG Industrial Manufacturing, Inc. 110 South Beckman Road Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,500.00	P 02 2,500.00
05/14/2002	George Kishida, Inc. 1725 Ackerman Drive Lodi, CA 95240-6396	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,000.00	P 02 2,000.00
05/17/2002	Mark Eugene Enes 741 San Ramon Way Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Vice President AKT Development	1,000.00	1,000.00	P 02 1,000.00
05/17/2002	Engineering Contractors Assoc. PAC (#790729) 8310 Florence Ave. Downey, CA 90240	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
SUBTOTAL \$				5,000.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
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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)
05/17/2002	Nick Spanos Jr. 306 Shady Acres Drive Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist Lodi Drug Co.	1,000.00	2,000.00	P 02 1,000.00 G 02 1,000.00
05/20/2002	Annette V. Murdaca 1135 Rivergate Drive Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Pietro's Restaurant	2,000.00	2,000.00	P 02 4,000.00
05/17/2002	West Coast Grape Farms P.O. Box 488 Ceres, CA 95307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	G 02 3,000.00
05/24/2002	California Catalog and Technology, Inc. 401 West Lockeford Street Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	G 02 1,500.00
05/24/2002	California Land Title Association PAC (#743175) 1127 11th Street, Ste. 300 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	G 02 1,000.00
05/24/2002	CAP-Trust Legislative Committee 333 S. Hope Street, 8th Floor Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,500.00	G 02 1,500.00
SUBTOTAL \$				9,500.00		

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

Type or print in ink.
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to whole dollars.

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Statement covers period		CALIFORNIA FORM 460
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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)
05/24/2002	Chevron Texaco Corporation P.O. Box 9034 Concord, CA 94524	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
05/24/2002	William James DeMartini M.D. 126 Terrace Avenue Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Private Practice	100.00	100.00	G 02 100.00
05/24/2002	Carl J. Pink 540 S. Mills Avenue Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist Lakewood Drugs	1,000.00	1,100.00	P 02 100.00 G 02 1,000.00
05/24/2002	Friends of John Campbell (#990037) P.O. Box 6329 Irvine, CA 92616	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	G 02 3,000.00
05/24/2002	William Kagawa 1114 S. Pleasant Avenue Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	200.00	P 02 100.00 G 02 100.00
05/24/2002	Aymey Liem 5371 Tudor Rose Glen Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300.00	550.00	P 02 250.00 G 02 300.00
SUBTOTAL \$				5,000.00		

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

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>05/30/2002</u>	CALIFORNIA FORM 460
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Nakanishi for Assembly 2002

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1239474

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)
05/24/2002	William C. Meek 3740 Random Lane Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Meeks Lumber	3,000.00	3,000.00	G 02 3,000.00
05/24/2002	Carol L. Nakashima 1611 Lakeshore Drive Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Lodi Ob-Gyn Medical Group	100.00	100.00	G 02 100.00
05/24/2002	Pac West Telecomm, Inc. 1776 West March Lane, Ste. 250 Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 02 2,000.00 G 02 1,000.00
05/29/2002	Bertha J. Brown 4207 Yacht Harbor Drive Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	150.00	G 02 150.00
05/24/2002	Pristine Homes Corporation 3158 Auto Center Circle, Ste. F4 Stockton, CA 95212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	G 02 300.00
05/24/2002	Van Exel Dairy 20002 N. Thornton Road Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 02 1,000.00 G 02 1,000.00
SUBTOTAL \$				5,550.00		

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

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

SCHEDULE A

Statement covers period

from 02/17/2002

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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)
05/24/2002	H. Stan Ward 2327 St. Anton Drive Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Sales Gaddy Ward & Co.	150.00	150.00	G 02 150.00
05/29/2002	California Chiropractic Association Political Action Committee (#742986) 455 Capitol Mall, Ste. 801 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			500.00	G 02
05/29/2002	Praxedes B. Demesa 10740 N. Oakwilde Avenue Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nursing Home Administrator Pleasant Care Corp.	1,000.00	2,000.00	P 02 1,000.00 G 02 1,000.00
05/29/2002	GlaxoSmithKline P.O. Box 13681 Philadelphia, PA 19101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
05/29/2002	Pacific State Bank 6 South El Dorado Street Stockton, CA 95202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,250.00	P 02 250.00 G 02 1,000.00
05/30/2002	Arnaiz Development Co., Inc. 3158 Auto Circle Center, Ste. E Stockton, CA 95212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 02 3,000.00 G 02 1,500.00
SUBTOTAL \$				4,650.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
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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)
05/30/2002	C.J. Crane 665 Cypress Run Woodbridge, CA 95258	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman/CEO Community Bank of San Joaquin	100.00	600.00	P 02 500.00 G 02 100.00
05/30/2002	Dolores N. Dayton 539 Willow Glen Drive Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	300.00	P 02 200.00 G 02 150.00
05/30/2002	Jack L. Gilliland 325 W. Taddei Road Acampo, CA 95220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Kaiser Permanente	150.00	250.00	P 02 100.00 G 02 150.00
05/30/2002	Bozant Katzakian P.O. Box 1778 Lodi, CA 95241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	300.00	P 02 150.00 G 02 150.00
05/30/2002	Charlyn E. Lauchland 15766 N. DeVries Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer Self-Employed	200.00	225.00	P 02 25.00 G 02 200.00
05/30/2002	LTS Rentals P.O. Box 1120 Lodi, CA 95241	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	P 02 250.00 G 02 150.00
SUBTOTAL \$				900.00		

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

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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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)
05/30/2002	M & R Company 33 E. Tokay Street Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,000.00	P 02 1,000.00 G 02 1,000.00
05/31/2002	Beverly Felten 1001 W. Pine St. Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	100.00	P 02 50.00 G 02 50.00
05/31/2002	Joseph P. Harrington 2017 Cochran Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Lodi Hospital	500.00	2,000.00	P 02 1,500.00 G 02 500.00
05/31/2002	Langetwins Partnership 1298 W. Jahant Road Acampo, CA 95220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	650.00	P 02 150.00 G 02 500.00
05/31/2002	John F. Quinn 255 E. March Lane Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO Food 4 Less	3,000.00	3,000.00	G 02 3,000.00
05/31/2002	Patricia A. Quinn 255 E. March Lane Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Treasurer PAQ Inc.	3,000.00	3,000.00	G 02 3,000.00
SUBTOTAL \$				8,050.00		

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

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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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)
05/31/2002	Reed Robbins * Realtors 221 Tuxedo Court, Ste. A Stockton, CA 95204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	500.00	P 02 250.00 G 02 250.00
05/31/2002	John P. Talbot 800 Maplewood Drive Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Consultant Wulff, Hansen & Co.	300.00	450.00	P 02 300.00 G 02 300.00
06/04/2002	California Building Industry Association PAC (#890483) 1215 K Street, Ste. 1200 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	3,300.00	P 02 3,000.00 G 02 300.00
06/04/2002	D.O. Ford 639 E. Lockeford Street Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Ford Construction	1,000.00	1,050.00	P 02 50.00 G 02 1,000.00
06/04/2002	Dan M. Lewis 354 S. Lower Sacramento Road Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Taco Bell	1,000.00	1,000.00	G 02 1,000.00
06/04/2002	Lumber Association of California & Nevada Political Action Committee (#771461) 3130 Fite Circle Sacramento, CA 95827	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G 02 250.00
SUBTOTAL \$				3,100.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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 to whole dollars.

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06/04/2002	Medcore Medical Group 509 W. Weber Ave., Ste. 200 Stockton, CA 95203	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
06/04/2002	Gerald L. Smith P.O. Box 7505 Stockton, CA 95267	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	District Director Northwest Mutual Financial Network	100.00	600.00	P 02 500.00 G 02 100.00
06/04/2002	Louis B. Souza 2800 W. March Lane, Ste. 330 Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO Vaquero Farms Inc.	3,000.00	3,000.00	P 02 2,500.00 G 02 3,000.00
06/05/2002	Anthony J. Alegre P.O. Box 1508 Lodi, CA 95241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Alegre Trucking Co.	1,000.00	1,000.00	G 02 1,000.00
06/05/2002	California Dermatology Society PAC (#840144) 400 Capitol Mall, Ste. 2200 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00 G 02 500.00
06/05/2002	Robert L. French 5713 Pintail Court Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President R.L. French Properties	2,000.00	4,000.00	P 02 2,000.00 G 02 2,000.00
SUBTOTAL \$				7,100.00		

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

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SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
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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)
06/05/2002	Robert L. French 5713 Pintail Court Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President R.L. French Properties	2,000.00	4,000.00	P 02 2,000.00 G 02 2,000.00
06/05/2002	Margaret Twist Fry 12495 N. West Lane Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer Self-Employed	300.00	300.00	P 02 100.00 G 02 300.00
06/05/2002	Hakeem, Ellis & Marengo 3414 Brookside Road, Ste. 100 Stockton, CA 95219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 1,000.00 G 02 500.00
06/05/2002	Robert P. Hartzell 9291 E. Harney Lane Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Grape Grower Self-Employed	150.00	150.00	G 02 150.00
06/05/2002	Louis K. Meyer 10644 Oakwilde Avenue Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive American Medical Response	2,500.00	3,250.00	P 02 1,750.00 G 02 2,500.00
06/05/2002	David K. Rea 2011 W. Lincoln Road Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00 G 02 100.00
SUBTOTAL \$				5,550.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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I.D. NUMBER
1239474

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)
06/05/2002	Robert D. Scheppmann 606 S. Reid Avenue Linden, CA 95236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Pacific Bell	300.00	300.00	G 02 300.00
06/05/2002	Signal Investment International Corp. 20866 Quail Run Drive Diamond Bar, CA 91789	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	G 02 2,000.00
06/05/2002	Kenneth Scott Vogel 7322 Pezzi Road Stockton, CA 95215-9113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School Administrator Lodi Unified School District	150.00	375.00	P 02 200.00 G 02 175.00
06/05/2002	Kenneth Scott Vogel 7322 Pezzi Road Stockton, CA 95215-9113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School Administrator Lodi Unified School District	25.00	375.00	P 02 200.00 G 02 175.00
06/05/2002	We Care Dental Practice 3621 Martin Luther King Jr. Blvd., #3 Lynwood, CA 90262	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		501.00	501.00	G 02 501.00
06/06/2002	Irene Kludt 749 S. Crescent Avenue Lodi, CA 95240-4630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	100.00	P 02 50.00 G 02 50.00
SUBTOTAL \$				3,026.00		

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

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
through	06/30/2002	Page 42 of 99

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1239474

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)
06/06/2002	CAP-Trust Legislative Committee 333 S. Hope Street, 8th Floor Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1,500.00	G 02 1,500.00
06/06/2002	Sunwest IV 816 W. Lodi Avenue Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	G 02 1,000.00
06/07/2002	Barbara E. Ashwill P.O. Box 180 Shingle Springs, CA 95682	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00	1,215.00	G 02 1,215.00
06/07/2002	Michael C. Ayers 8049 Blackwood lane Roseville, CA 95747	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Armour Steel	1,500.00	1,500.00	G 02 1,500.00
06/07/2002	Steve Ayers P.O. Box 3011 Sacramento, CA 95812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Armour Steel	1,500.00	1,500.00	G 02 1,500.00
06/07/2002	Dennis G. Bennett P.O. Box 1597 Lodi, CA 95241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Builder/Developer Bennett Development, Inc.	1,000.00	1,000.00	G 02 1,000.00
SUBTOTAL \$				6,500.00		

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

Type or print in ink.
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SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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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)
06/07/2002	C&B Golding, Inc. dba McDonald's of Galt 324 Pine Street Galt, CA 95632	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
06/07/2002	Bernard Carlson 5864 Dolomite Drive EL Dorado, CA 95623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	125.00	125.00	G 02 125.00
06/07/2002	Cimorelli Construction Company 11333 Sunco Dr., Ste. 103 Rancho Cordova, CA 95742	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	G 02 125.00
06/07/2002	Dairy Institute Legislatvie Committee (#741436) 1127 - 11th Street, Ste. 718 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
06/07/2002	Harold E. Dittmer 650 Bercut Dr., Ste. C Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Wellhead Electric Co.	500.00	500.00	G 02 500.00
06/07/2002	Joseph H. Harn 2867 Springburn Way El Dorado, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auditor/Controller El Dorado County	151.00	151.00	G 02 151.00
SUBTOTAL \$				1,901.00		

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

Type or print in ink.
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SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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NAME OF FILER

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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)
06/07/2002	Masashi Itano 29413 Quailwood Drive Rancho Palos Verdes, CA 90275	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	300.00	P 02 100.00 G 02 200.00
06/07/2002	K. Kimura 3218 Nordike Dr. Sacramento, CA 95833	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	100.00	P 02 50.00 G 02 50.00
06/07/2002	Les Calkins - Industrial Park 19825 No. 99 Acampo, CA 95220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00 G 02 500.00
06/07/2002	Metropolitan Pain Management Consultants, Inc. 2288 Auburn Blvd., Ste. 106 Sacramento, CA 95821	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	P 02 3,000.00 G 02 3,000.00
06/07/2002	George F. Talin Sr. P.O. Box 18473 Long Beach, CA 90807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	G 02 250.00
06/07/2002	Sean Tucker 2995 Royal Drive Cameron Park, CA 95682	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County Manager Placer Co. Title Company	125.00	125.00	G 02 125.00
SUBTOTAL \$				4,125.00		

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

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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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)
06/07/2002	W. Trent Saxton, Inc. 680 Placerville Drive Placerville, CA 95667	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	G 02 200.00
06/10/2002	Mark Chandler 1900 Edgewood Drive Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Lodi Winegrape Comm.	150.00	150.00	G 02 150.00
06/10/2002	Barbara Dondero 2210 N. Murray Linden, CA 95236	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer R&J Dondero, Inc.	300.00	300.00	G 02 300.00
06/10/2002	Feld Entertainment, Inc. 8607 Westwood Center Drive Vienna, CA 22182	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	3,000.00	P 02 2,500.00 G 02 500.00
06/10/2002	Vino Farms, Inc. 1377 E. Lodi Avenue Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	750.00	P 02 250.00 G 02 500.00
06/11/2002	California Independent Petroleum 30151 Tomas Street Rancho Santa margari, CA 92688	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
SUBTOTAL \$				2,150.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
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SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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NAME OF FILER

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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)
06/11/2002	Grube Company Concerned Businessmen Political Action Committee (#831390) P.O. Box 7576 Stockton, CA 95267	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,000.00	P 02 1,000.00 G 02 1,000.00
06/12/2002	F&H Construction P.O. Box 55245 Stockton, CA 95205	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		450.00	3,450.00	P 02 3,000.00 G 02 450.00
06/12/2002	Lodi Gas Storage, LLC 1822 W. Kettleman Lane, Ste. #3 Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,000.00	P 02 1,500.00 G 02 1,000.00
06/12/2002	Manteca Investment Properties, LLC 42 N. Sutter Street, Ste. 307 Stockton, CA 95202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,500.00	P 02 500.00 G 02 1,000.00
06/12/2002	Marcy Zwelling-Aamot, M.D. 3801 Ktella Ave., Ste. 115 Los Alamitos, CA 90720	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	G 02 125.00
06/12/2002	David J. Michael P.O. Box 1570 Lodi, CA 95241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Pam Company	500.00	500.00	G 02 500.00
SUBTOTAL \$				4,075.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

Statement covers period from <u>02/17/2002</u>	CALIFORNIA FORM 460
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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)
06/13/2002	Doris Batch 11174 N. Davis Road Lodi, CA 95242	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer Self-Employed	300.00	800.00	P 02 500.00 G 02 300.00
06/13/2002	Kevin Thomas 495 Sandstone Court Woodbridge, CA 95258	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Teichert Construction	150.00	150.00	G 02 150.00
06/13/2002	Yin - McDonald's 185 Butcher Road Vacaville, CA 95687	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,000.00	P 02 1,000.00 G 02 1,000.00
06/15/2002	Royce J. Biddle 4663 Mosher Drive Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diagnostic Radiologist Delta radiology Medical Group	1,000.00	1,150.00	G 02 1,150.00
06/15/2002	Del Mar Thoroughbred Club P.O. Box 700 Del Mar, CA 92014	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G 02 250.00
06/15/2002	Kai H. Hom 845 N. Hillside Drive Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	200.00	200.00	G 02 200.00
SUBTOTAL \$				2,900.00		

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

Type or print in ink.
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SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
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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)
06/15/2002	John B. McBeath 44 Misty Acres Road Rolling Hills Estate, CA 90274	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	125.00	125.00	G 02 125.00
06/17/2002	Douglas M. Martin, DDS, Inc. 1310 E. Swain Rd., Ste. 2 Stockton, CA 95210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
06/17/2002	Florence Kamigaki 3849 Peninsula Court Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Stockton Cardiology	350.00	350.00	G 02 350.00
06/17/2002	Ronald A. Schuler 2300 River Plaza, Ste. 110 Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Reach Association	100.00	100.00	G 02 100.00
06/17/2002	Laila F. Sorour 1343 Rivergate Drive Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	500.00	500.00	G 02 500.00
06/17/2002	Tokay Development, Inc. P.O. Box 1259 Woodbridge, CA 95258	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 02 500.00 G 02 1,000.00
SUBTOTAL \$				2,575.00		

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

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SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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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)
06/17/2002	Simon Trenchuck 3447 Country Club Blvd. Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Self-Employed	300.00	300.00	G 02 300.00
06/18/2002	Carson, McBeach & Boswell, Inc. 4300 Long Beach Blvd., Ste. 300 Long Beach, CA 90807	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	G 02 125.00
06/18/2002	Bernard L. Jones 19332 Brooktrail Lane Huntington Beach, CA 92648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Self-Employed	125.00	125.00	G 02 125.00
06/18/2002	Ronald E. Smith 3624 Kinney Circle Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician USC School of Medicine	200.00	200.00	G 02 200.00
06/18/2002	Artie Stevenson 730 Santiago Ave. Long Beach, CA 90804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	G 02 200.00
06/19/2002	Lustre-Cal Nameplate Corp. P.O. Box 439 Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G 02 100.00
SUBTOTAL \$				1,050.00		

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

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SCHEDULE A

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Nakanishi for Assembly 2002		1239474

SEE INSTRUCTIONS ON REVERSE

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)
06/20/2002	Philip Abeldt DDS P.O. Box 635 Lodi, CA 95241-0635	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Self-Employed	150.00	300.00	P 02 150.00 G 02 150.00
06/18/2002	Louis C. Mirable 5130 N. Marino Pacifica, #19 Long Beach, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	125.00	125.00	G 02 125.00
06/20/2002	Judy Bunch 2125 Grenoble Drive Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	150.00	150.00	G 02 150.00
06/20/2002	Gary R. Baughman, DDS, MS 756 Porter Avenue, Ste. 100 Stockton, CA 95207-4206	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	200.00	P 02 100.00 G 02 100.00
06/20/2002	Michael R. Panzer, D.D.S. 6329 Embarcadero Drive Stockton, CA 95209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	450.00	P 02 250.00 G 02 200.00
06/20/2002	C. Robert Breckenridge, DDS, Professional Dental Corp. 845 South Fairmont Ave., Ste. 1 Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G 02 100.00
SUBTOTAL \$				825.00		

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

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

SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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NAME OF FILER

Nakanishi for Assembly 2002

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)
06/20/2002	California Dental PAC - Small Contributor Committee (#742855) 1201 K Street, 15th Floor Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		6,000.00	12,000.00	P 02 6,000.00 G 02 6,000.00
06/24/2002	1st UniFirst Corporation 68 Jonspin Road Wilmington, MA 01887	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	G 02 200.00
06/24/2002	Delta Heart & Medical Clinic 87 W. March Lane, Ste. 3 Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	700.00	P 02 500.00 G 02 200.00
06/20/2002	William V. Huiras DDS 322 West Lodi Ave. Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Self-Employed	100.00	100.00	G 02 100.00
06/20/2002	Juan Delgado, DDS, A Professional Corp. 5110 Pacific Avenue Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	G 02 150.00
06/24/2002	Royce J. Biddle 4663 Mosher Drive Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diagnostic Radiologist Delta radiology Medical Group	150.00	1,150.00	G 02 1,150.00
SUBTOTAL \$				6,800.00		

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

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
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SEE INSTRUCTIONS ON REVERSE

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)
06/24/2002	Jack L. Punamura 5804 Acorn Court Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Delta MRI	150.00	150.00	P 02 500.00 G 02 150.00
06/24/2002	Jasbir S. Gill MD P.O. Box 8778 Stockton, CA 95208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	200.00	200.00	G 02 200.00
06/20/2002	Mary E. Hoff, DDS, General Dentistry 525 S. Fairmont Ave., Ste. C Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G 02 100.00
06/20/2002	Laurent Vien DDS 7743 N. West Lane, Ste. C5 Stockton, CA 95210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Self-Employed	150.00	150.00	G 02 150.00
06/24/2002	Patricia Ann Hatton MD 6339 St. Andrews Drive Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician League Good Gov San Joaquin Med Soc	200.00	200.00	G 02 200.00
06/20/2002	Steve Ensminger, DDS, A Professional Corp. 525 S. Fairmont Ave., Ste. F Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G 02 100.00
SUBTOTAL \$				900.00		

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

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

SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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NAME OF FILER

Nakanishi for Assembly 2002

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)
06/21/2002	Francis C. Hertzog 2977 Redondo Ave. Long Beach, CA 90806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ophthalmologist Self-Employed	500.00	1,049.04	G 02 1,049.04
06/24/2002	Lars Hertzog 4682 Warner Ave., #B-304 Huntington Beach, CA 92649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ophthalmologist Hertzog Eye Associates	125.00	125.00	G 02 125.00
06/24/2002	Stockton Hematology Oncology Medical Group 2626 N. California St., Ste. B Stockton, CA 95204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
06/24/2002	Lawrence A. Danto, MD, Inc. 5525 Saint Andrews Drive Stockton, CA 95219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	300.00	P 02 100.00 G 02 200.00
06/24/2002	Lodi Primary Care Medical Associates, Inc. 830 S. Ham Lane, #24 Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	G 02 200.00
06/24/2002	Tri-Modal Distribution Services, Inc. 2011 Carson Street Long Beach, CA 90810	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 02 500.00
SUBTOTAL \$				2,025.00		

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

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
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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)
06/24/2002	Paul A. Waters MD 1706 W. Lincoln Road Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	200.00	200.00	G 02 200.00
06/26/2002	Bernice Z. Mullins 1910 Deermont Road Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	100.00	100.00	G 02 100.00
06/28/2002	Ronald H. Akashi 500 N. Garfield Avenue, Ste. 100 Monterey Park, CA 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Ronald H. Akashi, M.D.	1,000.00	1,000.00	P 02 1,000.00 G 02 1,000.00
06/28/2002	Alfred C. Marrone M.D., A Medical Corp. 3440 Lomita Blvd., Ste. 451 Torrance, CA 90505	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G 02 250.00
06/28/2002	George T. Aratani 2946 Lakeridge Drive Hollywood, CA 90068 Trasferred fm: Nakanishi for Senate	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	3,000.00	6,000.00	P 02 3,000.00 G 02 3,000.00
06/28/2002	George T. Aratani 2946 Lakeridge Drive Hollywood, CA 90068 Transferred fm: Nakanishi for Senate	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	2,000.00	6,000.00	P 02 3,000.00 G 02 3,000.00
SUBTOTAL \$				6,550.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
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SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
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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)
06/28/2002	Fox Morgan Boswell II 5451 Oleta Turn Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	400.00	400.00	G 02 400.00
06/28/2002	Reva Cacho 903 W. Center St., Ste. 5 manteca, CA 95337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	300.00	300.00	G 02 300.00
06/28/2002	Califia, LLC dba River Islands @ Lathrop 1350 Treat Blvd., Ste. 560 Walnut Creek, CA 94596	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,000.00	P 02 1,000.00 G 02 1,000.00
06/28/2002	California Real Estate Political Action Committee/BORPAC (#890106) 525 S. Virgil Avenue Los Angeles, CA 90020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		3,000.00	7,500.00	P 02 4,500.00 G 02 3,000.00
06/28/2002	East-West Eye Institute, A Medical Corp. 420 East Third St., Ste. 603 Los Angeles, CA 90013	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	G 02 1,000.00
06/28/2002	Larry Geisse P.O. Box 250 Los Alamitos, CA 90720	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	200.00	200.00	G 02 200.00
SUBTOTAL \$				5,900.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A

Statement covers period from <u>02/17/2002</u>	CALIFORNIA FORM 460
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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)
06/28/2002	Betty S. Hiji 91 Pino Court Camarillo, CA 93010	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300.00	300.00	G 02 300.00
06/28/2002	Harriet Hiji 2750 N. Redondo Ave. Camarillo, CA 93012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	G 02 200.00
06/28/2002	Tsugio Hiji 1185 Ridgecrest Place Westlake Village, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	G 02 200.00
06/28/2002	Hiji Bros. P.O. Box 389 Oxnard, CA 93032	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	G 02 300.00
06/28/2002	Manabi Hirasaki P.O. Box 1447 Camarillo, CA 93011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	G 02 250.00
06/28/2002	Dottie Hunt 1143 Rivergate Drive Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	100.00	100.00	G 02 100.00
SUBTOTAL \$				1,350.00		

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

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
06/28/2002	William T. Huston 515 S. Figueroa St., Ste. 1910 Los Angeles, CA 90071-3336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Watson Land Company	1,500.00	3,000.00	P 02 2,500.00 G 02 1,500.00
06/28/2002	Jack I. Kiyonaga MD 15233 S. Western Ave. Gardena, CA 90249	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self-Employed	200.00	200.00	G 02 200.00
06/28/2002	Yaichiro Minami 645 S. College Drive Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	125.00	525.00	P 02 150.00 G 02 375.00
06/28/2002	Yaichiro Minami 645 S. College Drive Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	125.00	525.00	P 02 150.00 G 02 375.00
06/28/2002	Yaichiro Minami 645 S. College Drive Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	125.00	525.00	P 02 150.00 G 02 375.00
06/28/2002	Dwayne L. Nash DDS 5345 N. El Dorado St., Ste. 1 Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Self-Employed	100.00	100.00	G 02 100.00
SUBTOTAL \$				2,175.00		

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

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
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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)
06/28/2002	E.Y. Nishizawa 14028 Tahiti Way, #P-46 Marina Del Rey, CA 90292	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices of Eric Nishizawa	250.00	250.00	G 02 250.00
06/28/2002	Quality Naturally 18830 E. San Jose Avenue City of Industry, CA 91748	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G 02 250.00
06/28/2002	Susumu Satow 3460 Buccaneer Circle Sacramento, CA 95826	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	150.00	P 02 100.00 G 02 150.00
06/28/2002	Michelle E. Steel 47 Eastfield Drive Rolling Hills, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	750.00	750.00	G 02 750.00
06/28/2002	Takasugi for Harbor Commissioner (#1227217) P.O. Box 263 Oxnard, CA 93035	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G 02 250.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1,650.00		

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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1239474

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
Alan S. Nakanishi M.D. 1136 Junewood Court Lodi, CA 95240 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Delta Eye Medical Group	\$ 40,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 40,000.00 12/31/2002 DATE DUE	0.00 % RATE \$ 0.00	\$ 40,000.00 12/31/2001 DATE INCURRED	CALENDAR YEAR \$ 60,120.00 PER ELECTION ** P 02 98,120.00 G 02 2,000.00
Alan S. Nakanishi M.D. 1136 Junewood Court Lodi, CA 95240 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Delta Eye Medical Group	\$ 40,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 40,000.00 DATE DUE	0.00 % RATE \$ 0.00	\$ 40,000.00 02/16/2002 DATE INCURRED	CALENDAR YEAR \$ 60,120.00 PER ELECTION ** P 02 98,120.00 G 02 2,000.00
Alan S. Nakanishi M.D. 1136 Junewood Court Lodi, CA 95240 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Delta Eye Medical Group	\$ 0.00	\$ 18,000.00	<input checked="" type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 18,000.00 DATE DUE	0.00 % RATE \$ 0.00	\$ 18,000.00 03/05/2002 DATE INCURRED	CALENDAR YEAR \$ 60,120.00 PER ELECTION ** P 02 98,120.00 G 02 2,000.00
SUBTOTALS		\$ 18,000.00	\$ 0.00	\$ 0.00	\$ 98,000.00	\$ 0.00		

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

Schedule B Summary

- Loans received this period \$ 28,000.00
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 3,000.00
(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 \$** 25,000.00
(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		CALIFORNIA FORM 460
from	02/17/2002	
through	06/30/2002	Page 60 of 99

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
--	------------------------

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
				PAID	FORGIVEN				
Guy S. Houston for Assembly, 2002 (#1226071) 7611 San Sabana Road Dublin, CA 94568 † <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0.00	\$ 3,000.00	<input checked="" type="checkbox"/> PAID \$ 3,000.00	<input type="checkbox"/> FORGIVEN \$ 0.00	\$ 0.00	0.00 % RATE	\$ 3,000.00	CALENDAR YEAR P 02 3,000.00 PER ELECTION** G 02 3,000.00 DATE DUE 03/06/2002 DATE INCURRED
Friends of Mark Wyland (#990712) 330 Encinitas Blvd., Ste. 1001 Encinitas, CA 92024 † <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0.00	\$ 2,000.00	<input type="checkbox"/> PAID \$ 0.00	<input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,000.00	0.00 % RATE	\$ 2,000.00	CALENDAR YEAR G 02 2,000.00 PER ELECTION** DATE DUE 05/31/2002 DATE INCURRED
Alan S. Nakanishi M.D. 1136 Junewood Court Lodi, CA 95240 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Delta Eye Medical Group	\$ 0.00	\$ 2,000.00	<input type="checkbox"/> PAID \$ 0.00	<input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,000.00	0.00 % RATE	\$ 2,000.00	CALENDAR YEAR P 02 98,120.00 PER ELECTION** G 02 2,000.00 DATE DUE 06/28/2002 DATE INCURRED
SUBTOTALS		\$ 7,000.00	\$ 3,000.00	\$ 4,000.00	\$ 0.00				

Schedule B Summary

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

- Loans received this period \$ 28,000.00
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 3,000.00
(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 \$** 25,000.00
(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

SCHEDULE B - PART 1

**CALIFORNIA 460
FORM**

through 06/30/2002

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Nakanishi for Assembly 2002

I.D. NUMBER
1239474

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYMENT (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
Doug La Malfa for State Assembly (#12) 3881 Benatar Way, Ste. G Chico, CA 95928	893	\$ 0.00	\$ 3,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3,000.00	0.00% RATE \$ 0.00	\$ 3,000.00 06/29/2002 DATE INCURRED	CALENDAR YEAR \$ 3,000.00 PER ELECTION ** 02 3,000.00
† <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		% RATE		CALENDAR YEAR \$ PER ELECTION **
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		% RATE		CALENDAR YEAR \$ PER ELECTION **
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		% RATE		CALENDAR YEAR \$ PER ELECTION **
SUBTOTALS		\$ 3,000.00	\$ 0.00	\$ 3,000.00	\$ 0.00			

Schedule B Summary

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

- Loans received this period \$ 28,000.00
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 3,000.00
(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 \$** 25,000.00
(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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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
02/24/2002	Junay Gardner Logan 9386 Salina Way Sacramento, CA 95827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant State Legislature	Event expenses	80.13	280.13	P 02 280.13
02/26/2002	Bill Sandeen 28 South School Street Lodi, CA 95240 ESTIMATE: Non-monetary contribution of Food for 2/26/2002 event	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Hazel's Restaurant/Arbor Secure Storage Complex	Food for 2/26/2002 event	1,440.00	1,440.00	P 02 1,440.00
06/04/2002	Sue Meyer 10644 N. Oakwilde Avenue Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Event costs - Food & beverage	880.00	880.00	G 02 880.00
06/07/2002	Barbara E. Ashwill P.O. Box 180 Shingle Springs, CA 95682	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Food	215.00	1,215.00	G 02 1,215.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2,615.13

Schedule C Summary

1. Amount received this period – nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)	\$ 7,339.92
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$ 68.26
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$ 7,408.18

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

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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
through	06/30/2002	Page 63 of 99
SEE INSTRUCTIONS ON REVERSE		I.D. NUMBER 1239474

NAME OF FILER
Nakanishi for Assembly 2002

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
06/11/2002	General Mills P.O. Box 59145 Minneapolis, MN 65459-0145	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Food and beverage for event	2,415.63	3,415.63	G 02 2,415.63 P 02 1,000.00
06/19/2002	Dr. Daryl Pane 19418 Del Rio Avenue Woodbridge, CA 95258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Self-Employed	Food for Event	305.00	305.00	G 02 305.00
06/21/2002	CALPAC - California Medical Association (#1231460) 1201 K Street, Ste. 1050 Sacramento, CA 95814 Estimate	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		Food and beverage	1,455.12	1,455.12	G 02 1,455.12 P 02 6,000.00
06/25/2002	Francis C. Hertzog 2977 Redondo Ave. Long Beach, CA 90806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ophthalmologist Self-Employed	Event costs - flyers, envelopes, postage & catering	549.04	1,049.04	G 02 1,049.04

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 4,724.79

Schedule C Summary

1. Amount received this period – nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$ 7,339.92
2. Amount received this period – unitemized nonmonetary contributions of less than \$100.....	\$ 68.26
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....	TOTAL \$ 7,408.18

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

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

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
through	06/30/2002	
NAME OF FILER		I.D. NUMBER
Nakanishi for Assembly 2002		1239474

NAME OF FILER
Nakanishi for Assembly 2002

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
Anthony J. Tannehill 8795 La Riviera Drive, #59 Sacramento CA 95826		Mileage	321.28
Herburger Publications 604 N. Lincoln Way Galt CA 95632	PRT		472.50
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	OFC		932.05

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

SUBTOTAL \$ 1,725.83

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	<u>224,670.55</u>
2. Unitemized payments made this period of under \$100	\$	<u>48.12</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.)	TOTAL \$	<u>224,718.67</u>

Schedule E (Continuation Sheet)
Payments Made

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
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Nakanishi for Assembly 2002		1239474

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

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
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	OFC		57.86
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT		145.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT		1,973.09
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT		5,836.11
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT		7,550.90

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

SUBTOTAL \$ 15,562.96

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

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

Statement covers period		CALIFORNIA FORM 460
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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
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT			50.83
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	POL			3,725.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	RAD			866.70
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	OFC			26.68
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	PHO			2,997.10
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				SUBTOTAL \$ 7,666.31

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

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

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

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
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	PHO		551.91
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT		8,593.43
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT		8,157.31
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT		3,791.39
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT		5,602.39
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 26,696.43

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

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
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NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

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
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT			2,146.49
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT			874.04
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	RAD			12,286.68
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT			88.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT			7,114.43

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

SUBTOTAL \$ 22,509.64

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

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

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

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
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	PRO			1,647.00
Justin C. Zanutto 8838 Mohamed Circle Elk Grove CA 95624	LIT			240.00
Pacific Bell Payment Center Sacramento CA 95887-0001	OFC			153.89
Chris Pechal 7044 Lazy River Way Sacramento CA 95831	OFC			14.25
Chris Pechal 7044 Lazy River Way Sacramento CA 95831			Mileage, parking and office expenses	327.56
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				SUBTOTAL \$ 2,382.70

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

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

Statement covers period		SCHEDULE E	
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NAME OF FILER
Nakanishi for Assembly 2002

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
Marla Sousa 17459 E. Sola Road Stockton CA 95215		Staff fee and mileage	1,067.20
TC Printing 1225 J Street Sacramento CA 95814	LIT		2,390.67
Wendy Warfield & Associates 921 11th Street, Ste. 110 Sacramento CA 95814	PRO		3,000.00
Wendy Warfield & Associates 921 11th Street, Ste. 110 Sacramento CA 95814	OFC		477.33
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	OFC		25.96
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$
			6,961.16

Schedule E (Continuation Sheet)
Payments Made

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
through	06/30/2002	Page 71 of 99
NAME OF FILER		I.D. NUMBER
Nakanishi for Assembly 2002		1239474

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
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	PHO		470.59
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	PHO		1,669.29
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT		2,782.86
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT		7,608.83
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT		89.53
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 12,621.10

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

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

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
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NAME OF FILER		I.D. NUMBER
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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
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT		7,534.92
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT		6,189.32
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	CNS		5,000.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	POL		3,800.08
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	POS		4,711.09
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 27,235.41

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

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

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
through	06/30/2002	Page 73 of 99
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

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
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	POS			3,817.34
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	POS			5,091.43
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	TEL			29,940.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	TEL			733.34
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	PHO			3,297.30
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				SUBTOTAL \$ 42,879.41

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

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
Nakanishi for Assembly 2002		1239474

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
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	PHO			2,652.81
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	POL			3,372.00
Anthony J. Tannehill 8795 La Riviera Drive, #59 Sacramento CA 95826	TRS	mileage		363.48
Anthony J. Tannehill 8795 La Riviera Drive, #59 Sacramento CA 95826	PRO			2,000.00
Vona Copp 8958 Ivanpah Court Elk Grove CA 95624			Treasurer fee and expenses	2,351.24
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				
SUBTOTAL \$				10,739.53

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

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
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through	06/30/2002	Page 75 of 99
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

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
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	POS			4,711.09
Chris Pechal 7044 Lazy River Way Sacramento CA 95831	PRO			8,500.00
Chris Pechal 7044 Lazy River Way Sacramento CA 95831			Mileage, telephone and office supplies	375.01
Marla Sousa 17459 E. Sola Road Stockton CA 95215	TRS		mileage	227.20
Marla Sousa 17459 E. Sola Road Stockton CA 95215	PRO			2,000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				SUBTOTAL \$ 15,813.30

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

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

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
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NAME OF FILER		I.D. NUMBER
Nakanishi for Assembly 2002		1239474

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
Wendy Warfield & Associates 921 11th Street, Ste. 110 Sacramento CA 95814	OFC			190.02
Wendy Warfield & Associates 921 11th Street, Ste. 110 Sacramento CA 95814	PRO			5,000.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	PHO			250.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	PHO			1,750.50
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	PHO			1,846.25
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				SUBTOTAL \$ 9,036.77

Schedule E (Continuation Sheet)
Payments Made

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

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
Nakanishi for Assembly 2002		1239474

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 | FET 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
The Alder Market & Catering Company 151 West Alder Street Stockton CA 95204	FND		1,571.00
Cleveland Mailing Service 1317 - 15th Street, Ste. A Sacramento CA 95814	CMP		272.40
JC Evans 11230 Gold Express Drive, Ste. 310 Gold River CA 95670	LIT		781.08
Cleveland Mailing Service 1317 - 15th Street, Ste. A Sacramento CA 95814		Invitation processing and postage	1,647.20
Vona Copp 8958 Ivanpah Court Elk Grove CA 95624		Treasurer fee & expenses	1,277.54
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$
			5,549.22

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

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

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Nakanishi for Assembly 2002

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
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814		Consultant and website expenses	770.62
Pacific Bell Payment Center Sacramento CA 95887-0001	OFC		143.87
Pacific Bell Payment Center Sacramento CA 95887-0001	OFC		136.07
San Joaquin County Registrar of Voters 212. N. San Joaquin Street Stockton CA 95202	FIL		488.50
Wendy Warfield & Associates 921 11th Street, Ste. 110 Sacramento CA 95814		Fundraising fee & expenses	9,556.98

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

SUBTOTAL \$ 11,096.04

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

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
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I.D. NUMBER		1239474

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

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
San Joaquin Medical Society 3031 W. March Lane, #222W Stockton CA 95219	LIT		210.54
Vona Copp 8958 Ivanpah Court Elk Grove CA 95624		Treasurer fee & expenses	659.35
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT		4,166.11
Wendy Warfield & Associates 921 11th Street, Ste. 110 Sacramento CA 95814		Postage and office supplies	1,158.74
SUBTOTAL \$			6,194.74

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

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

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

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
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NAME OF FILER		I.D. NUMBER
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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 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	OFC	932.05	0.00	932.05	0.00	
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	7,550.90	0.00	7,550.90	0.00	
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	1,973.09	0.00	1,973.09	0.00	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTALS \$	10,456.04 \$	0.00 \$	10,456.04 \$	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 \$** 33,484.98
- 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 \$** 46,274.14
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -12,789.16
May be a negative number

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

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

Statement covers period		CALIFORNIA FORM 460
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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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE 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	3,725.00		3,725.00	
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814		5,836.11		5,836.11	
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814					
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	7,114.43		7,114.43	
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	RAD	12,286.68	0.00	12,286.68	0.00

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

SUBTOTALS \$ 29,107.22 \$ 0.00 \$ 29,107.22 \$ 0.00

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

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

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

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 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	PRO	1,647.00	0.00	1,647.00	0.00
Chris Pechal 7044 Lazy River Way Sacramento CA 95831	Mileage, parking and office expenses	327.56	0.00	327.56	0.00
Marla Sousa 17459 E. Sola Road Stockton CA 95215	Staff fee and mileage	1,067.20	0.00	1,067.20	0.00
Justin C. Zanutto 8838 Mohamed Circle Elk Grove CA 95624	LIT	240.00	0.00	240.00	0.00
TC Printing 1225 J Street Sacramento CA 95814	LIT	2,390.67	0.00	2,390.67	0.00

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

SUBTOTALS \$ 5,672.43 \$ 0.00 \$ 5,672.43 \$ 0.00

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

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

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
through	06/30/2002	Page 83 of 99
NAME OF FILER		I.D. NUMBER
Nakanishi for Assembly 2002		1239474

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 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	
Wendy Warfield & Associates 921 11th Street, Ste. 110 Sacramento CA 95814	OFC	477.33	0.00	477.33	0.00	
Pacific Bell Payment Center Sacramento CA 95887-0001	OFC	153.89	0.00	153.89	0.00	
San Joaquin Medical Society 3031 W. March Lane, #222W Stockton CA 95219	LIT	210.54	0.00	210.54	0.00	
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	0.00	8,599.31	0.00	8,599.31	
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	PHO	0.00	3,644.64	0.00	3,644.64	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTALS \$	841.76 \$	12,243.95 \$	841.76 \$	12,243.95

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

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

Statement covers period	CALIFORNIA FORM 460
from <u>02/17/2002</u>	
through <u>06/30/2002</u>	Page <u>84</u> of <u>99</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

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 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	PHO	0.00	2,823.91	0.00	2,823.91
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	PHO	0.00	1,090.50	0.00	1,090.50
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	CNS	0.00	10,000.00	0.00	10,000.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	OFC	0.00	275.12	0.00	275.12
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	PRO	0.00	1,764.00	0.00	1,764.00

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

SUBTOTALS \$ 0.00 \$ 15,953.53 \$ 0.00 \$ 15,953.53

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

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

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
through	06/30/2002	Page <u>85</u> of <u>99</u>
NAME OF FILER		I.D. NUMBER
Nakanishi for Assembly 2002		1239474

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

- | | | |
|---|---|---|
| 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 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		0.00	2,350.00	0.00	2,350.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814					
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814					
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814					
Lodinet 1209 W. Tokay, #11 Lodi CA 95240					219.95
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.					
SUBTOTALS \$		0.00	\$ 3,474.65	\$ 0.00	\$ 3,474.65

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

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

Statement covers period		CALIFORNIA FORM 460
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through	06/30/2002	Page 86 of 99
NAME OF FILER		I.D. NUMBER
Nakanishi for Assembly 2002		1239474

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NAME OF FILER

Nakanishi for Assembly 2002

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 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
Wendy Warfield & Associates 921 11th Street, Ste. 110 Sacramento CA 95814	POS	0.00	140.77	0.00	140.77
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	WEB	0.00	39.94	0.00	39.94
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	OFC	0.00	314.83	0.00	314.83
Wendy Warfield & Associates 921 11th Street, Ste. 110 Sacramento CA 95814	OFC	0.00	51.06	0.00	51.06
Pacific Bell Payment Center Sacramento CA 95887-0001	OFC	0.00	40.55	0.00	40.55
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.					
SUBTOTALS \$		0.00	\$ 587.15	\$ 0.00	587.15

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

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

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
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NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

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 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
Cleveland Mailing Service 1317 - 15th Street, Ste. A Sacramento CA 95814	LIT	0.00	290.40	0.00	290.40
Vona Copp 8958 Ivanpah Court Elk Grove CA 95624	Treasurer fee & expenses	0.00	862.30	0.00	862.30

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

SUBTOTALS \$ 0.00 \$ 1,152.70 \$ 0.00 \$ 1,152.70

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

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

SCHEDULE G

Statement covers period from <u>02/17/2002</u>	CALIFORNIA FORM 460
through <u>06/30/2002</u>	
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NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Cleveland Mailing Service

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster 2000 Royal Oaks Drive Sacramento CA 95813	POS			986.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 986.00

* 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.

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

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

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

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
through	06/30/2002	

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
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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) |

* 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 ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		4,540.00
G. Strahan 7752 Robert's River Way Sacramento CA 95831			4,665.00
G. Strahan 7752 Robert's River Way Sacramento CA 95831			
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		1,050.00

Attach additional information on appropriately labeled continuation sheets.

* 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.
www.netfile.com

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

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 to whole dollars.

SCHEDULE G

Statement covers period from <u>02/17/2002</u>	CALIFORNIA FORM 460
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NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
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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. | 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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		4,370.00
JC Evans 11230 Gold Express Drive, Ste. 310 Gold River CA 95670	LIT		1,250.00
JC Evans 11230 Gold Express Drive, Ste. 310 Gold River CA 95670	LIT		1,260.00
JC Evans 11230 Gold Express Drive, Ste. 310 Gold River CA 95670	LIT		1,300.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 8,180.00

* 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.

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

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

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

SCHEDULE G

Statement covers period from <u>02/17/2002</u>	CALIFORNIA FORM 460
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NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Marketing Ally 501 N. 900 E. Provo UT 84603	PHO		1,332.65
Tony Siciliani 3003 O Street Sacramento CA 95814	LIT		4,891.76
U.S. Postmaster	POS		5,091.43
U.S. Postmaster 2000 Royal Oaks Drive Sacramento CA 95813	POS		3,817.34

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

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

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

SCHEDULE G

Statement covers period from <u>02/17/2002</u>	CALIFORNIA FORM 460
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NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

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.	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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster 2000 Royal Oaks Drive Sacramento CA 95813	POS		4,711.09
Xcentrix 1119 S. 1680 W Orem UT 84508	POL		2,680.00
Dane & Assoc. 4259 El Carnal Way Las Vegas NV 89121	PHO		1,879.57
Dane & Assoc. 4259 El Carnal Way Las Vegas NV 89121	PHO		2,400.91

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 11,671.57

* 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.

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

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

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

SCHEDULE G

Statement covers period from <u>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
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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. | 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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dane & Assoc. 4259 El Carnal Way Las Vegas NV 89121	PHO			2,400.91
KCRA 3 Television Circle Sacramento CA 95814	TEL			11,322.00
KMAX 500 Media Place Sacramento CA 95815	TEL			901.00
KOVR 2713 KOVR Drive West Sacramento CA 95605	TEL			3,485.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 18,108.91

* 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.

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

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

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

Statement covers period
 from 02/17/2002
 through 06/30/2002

SCHEDULE G
CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Nakanishi for Assembly 2002

I.D. NUMBER
 1239474

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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KQCA 58 Television Circle Sacramento CA 95814	TEL			552.50
4655 Fruitridge Sacramento CA 95820				1,304.75
400 Broadway Sacramento CA 95801				7,883.75
Marketing Ally	PHO			2,774.72

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 12,515.72

* 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.

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

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

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

SCHEDULE G

Statement covers period	CALIFORNIA FORM 460
from <u>02/17/2002</u>	
through <u>06/30/2002</u>	

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
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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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Studio Z 1030 48th Street Sacramento CA 95819	TEL			575.00
Xcentrix 1119 S. 1680 W. Orem UT 84508	POL			2,317.00
The Meridian Group 350 S. Williams Blvd., #250 Tucson AZ 85711	PHC			852.50
PACSAT 1629 S Street Sacramento CA 95814				630.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 4,374.50

* 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.

www.netfile.com

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

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

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

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
through	06/30/2002	Page 96 of 99

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
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. | 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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster 2000 Royal Oaks Drive Sacramento CA 95813	POS		4,711.09
Greensburgh Group 245 Fischer Avenue, C-3 Costa Mesa CA 92626	PRO		2,000.00
MB Associates 1029 K Street, #23 Sacramento CA 95814	PRO		1,500.00
Marketing Ally 501 N. 900 E. Provo UT 84603	PHO		1,380.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 9,591.59

* 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.

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

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

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

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
through	06/30/2002	Page 97 of 99

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

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.	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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Marketing Ally 501 N. 900 E. Provo UT 84603	PHO		1,185.30
Xcentrix 1119 S. 1680 W. Orem UT 84508	PHO		250.00
Tony Siciliani 3003 O Street Sacramento CA 95814	LIT		2,620.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 4,055.30

* 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.

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

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

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

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	02/17/2002	
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NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Wendy Warfield & 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. | 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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster 2000 Royal Oaks Drive Sacramento CA 95813	POS			986.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 986.00

* 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.

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

**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>02/17/2002</u> through <u>06/30/2002</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
06/28/2002	Nakanishi for Senate (#991831) 1136 Junewood Court Lodi, CA 95242	Entered to offset explanation of transfer	-5,000.00
06/28/2002	Nakanishi for Senate (#991831) 1136 Junewood Court Lodi, CA 95242	See Schedule A - George T. Aratani, contributor	5,000.00

<i>Attach additional information on appropriately labeled continuation sheets.</i>	SUBTOTAL \$	0.00
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Schedule I Summary

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