

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA  
FORM

COVER P

46

Statement covers period  
from 07/01/2013  
through 12/31/2013

Date of election if applicable:  
(Month, Day, Year)  
06/03/2014

RECEIVED  
JAN 28 2014  
CITY CLERK

Page 1 of 7  
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
*(Also Complete Part 5)*
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored  
*(Also Complete Part 6)*
- Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
*(Also file a Form 410 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1328529

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

Friends of Nakanishi for Lodi City Council 2014

STREET ADDRESS (NO P.O. BOX)

1136 Junewood Court

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi, CA 95242

916-686-1815

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

916-686-1813

**Treasurer(s)**

NAME OF TREASURER

Vona L. Copp

MAILING ADDRESS

9321 Silverbend Lane

CITY STATE ZIP CODE AREA CODE/PHC

Elk Grove, CA 95624

916-686-1815

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHC

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 01/16/2014  
Date

Executed on 01/15/2014  
Date

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

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

By Vona L. Copp  
Signature of Treasurer or Assistant Treasurer

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

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

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

*(Handwritten initials)*

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460 Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Alan Nakanishi OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member Lodi 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 Nakanishi for Board of Equalization 2010 I.D. NUMBER 1304095 NAME OF TREASURER Vona CONTROLLED COMMITTEE? [X] YES [ ] NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) 1136 Junewood Court CITY STATE ZIP CODE AREA CODE/PHONE Lodi, CA 95242 Copp

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE BALLOT NO. OR LETTER JURISDICTION [ ] SUPPORT [ ] 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 Candidate/Officeholder 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 [ ] SUPPORT [ ] OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD [ ] SUPPORT [ ] OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD [ ] SUPPORT [ ] OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD [ ] SUPPORT [ ] 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<br>from <u>07/01/2013</u><br>through <u>12/31/2013</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>3</u> of <u>7</u>      |
|  | I.D. NUMBER<br>1328529         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Friends of Nakanishi for Lodi City Council 2014

| Contributions Received          |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|--------------------|--|--|
| 1. Monetary Contributions       | Schedule A, Line 3 | \$ 0.00  | \$ 10,424.27                               |
| 2. Loans Received               | Schedule B, Line 3 | 0.00   | 7,500.00                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | Add Lines 1 + 2    | \$ 0.00  | \$ 17,924.27                               |
| 4. Nonmonetary Contributions    | Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4    | \$ 0.00  | \$ 17,924.27                               |

| Calendar Year Summary for Candidates<br>Running in Both the State Primary and<br>General Elections |                                   |
|--|-----------------------------------|
|  | 1/1 through 6/30      7/1 to Date |
| 20. Contributions Received   | \$ _____ \$ _____                 |
| 21. Expenditures Made  | \$ _____ \$ _____                 |

| Expenditures Made                  |                      | Column A  | Column B    |
|------------------------------------|----------------------|-----------|-------------|
| 6. Payments Made                   | Schedule E, Line 4   | \$ 524.78 | \$ 4,534.80 |
| 7. Loans Made                      | Schedule H, Line 3   | 0.00      | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS          | Add Lines 6 + 7      | \$ 524.78 | \$ 4,534.80 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3   | 93.87     | 220.90      |
| 10. Nonmonetary Adjustment         | Schedule C, Line 3   | 0.00      | 0.00        |
| 11. TOTAL EXPENDITURES MADE        | Add Lines 8 + 9 + 10 | \$ 618.65 | \$ 4,755.70 |

| Expenditure Limit Summary for State<br>Candidates                                |               |
|--|---------------|
| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
| Date of Election<br>(mm/dd/yy)   | Total to Date |
| ____/____/____   | \$ _____      |
| ____/____/____   | \$ _____      |

| Current Cash Statement              |   | Column A     |
|-------------------------------------|---|--------------|
| 12. Beginning Cash Balance          | Previous Summary Page, Line 16                | \$ 39,887.27 |
| 13. Cash Receipts                   | Column A, Line 3 above                        | 0.00         |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4                            | 0.00         |
| 15. Cash Payments                   | Column A, Line 8 above                        | 524.78       |
| 16. ENDING CASH BALANCE             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 39,362.49 |

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

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

| 17. LOAN GUARANTEES RECEIVED           | Schedule B, Part 2                    | \$ 0.00     |
|--|---------------------------------------|-------------|
| Cash Equivalents and Outstanding Debts |                                       | Column B    |
| 18. Cash Equivalents                   | See instructions on reverse           | \$ 0.00     |
| 19. Outstanding Debts                  | Add Line 2 + Line 9 in Column B above | \$ 7,720.90 |

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule B – Part 1  
Loans Received**

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

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2013</u><br>through <u>12/31/2013</u> | <b>CALIFORNIA FORM 460</b> |
| Page <u>4</u> of <u>7</u>  |                            |

SEE INSTRUCTIONS ON REVERSE

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Friends of Nakanishi for Lodi City Council 2014 | I.D. NUMBER<br>1328529 |
|--|------------------------|

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN             | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                       |
|---|---|--|------------------------------------|--|--|----------------------------------|--|---|
| Kevin Kuniyoshi<br>993-F Johnson Ferry Road, #240<br>Atlanta, CA 30342<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Dentist<br><br>Kevin Kuniyoshi, DDS   | \$ 6,500.00                                      | \$ 0.00                            | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 6,500.00<br>12/31/2012<br>DATE DUE              | 0.00%<br>RATE<br>\$ 0.00         | \$ 6,500.00<br>01/06/2012<br>DATE INCURRED | CALENDAR YEAR<br>\$ 0.00<br>PER ELECTION**<br>\$              |
| Pamela Tsuchiya<br>932 Mingoia Street<br>Pleasanton, CA 94566<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC          | Physician<br><br>Delta Eye Medical Group  | \$ 1,000.00                                      | \$ 0.00                            | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 1,000.00<br>DATE DUE                            | 0.00%<br>RATE<br>\$ 0.00         | \$ 1,000.00<br>03/27/2013<br>DATE INCURRED | CALENDAR YEAR<br>\$ 2,000.00<br>PER ELECTION**<br>\$ 1,000.00 |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$   | \$                                 | <input type="checkbox"/> PAID \$<br><input type="checkbox"/> FORGIVEN \$           | \$<br>DATE DUE                                     | %<br>RATE<br>\$                  | \$<br>DATE INCURRED                        | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$                   |
| <b>SUBTOTALS \$</b>   |   | 0.00   | \$ 0.00                            | 0.00   | \$ 7,500.00  | \$ 0.00                          |  |   |

**Schedule B Summary**

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

†Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

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

**Schedule E  
Payments Made**

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

|   |            |                            |
|---|------------|----------------------------|
| Statement covers period                         |            | <b>CALIFORNIA FORM 460</b> |
| from  | 07/01/2013 |                            |
| through   | 12/31/2013 | Page 5 of 7                |
| NAME OF FILER                                   |            | I.D. NUMBER                |
| Friends of Nakanishi for Lodi City Council 2014 |            | 1328529                    |

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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Vona Copp<br><br>9321 Silverbend Lane<br>Elk Grove, CA 95624        | PRO  |    |                        | 127.03      |
| Vona Copp<br><br>9321 Silverbend Lane<br>Elk Grove, CA 95624        | PRO  |    |                        | 142.15      |
| Vona Copp<br><br>9321 Silverbend Lane<br>Elk Grove, CA 95624        | PRO  |    |                        | 85.20       |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 354.38**

**Schedule E Summary**

|  |                        |
|--|------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 524.78              |
| 2. Unitemized payments made this period of under \$100   | \$ 0.00                |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ 0.00                |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 524.78</b> |

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

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

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                         |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2013 |                                |
| through   | 12/31/2013 | Page <u>6</u> of <u>7</u>      |
| NAME OF FILER                                   |            | I.D. NUMBER                    |
| Friends of Nakanishi for Lodi City Council 2014 |            | 1328529                        |

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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Vona Copp<br><br>9321 Silverbend Lane<br>Elk Grove, CA 95624        | PRO  |    |                        | 170.40      |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

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

**SUBTOTAL \$** 170.40

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

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

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2013</u><br>through <u>12/31/2013</u> | <b>CALIFORNIA FORM 460</b> |
| Page <u>7</u> of <u>7</u>  | I.D. NUMBER<br>1328529     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Nakanishi for Lodi City Council 2014

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|--------------------------------|---|------------------------------------|---|--|
| Vona Copp<br>9321 Silverbend Lane<br>Elk Grove, CA 95624               | PRO                            | 127.03  | 0.00                               | 127.03  | 0.00   |
| Vona Copp<br>9321 Silverbend Lane<br>Elk Grove, CA 95624               | PRO                            | 0.00  | 220.90                             | 0.00  | 220.90   |
| <b>SUBTOTALS \$</b>  |                                | 127.03 \$   | 220.90 \$                          | 127.03 \$   | 220.90   |

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

**Schedule F Summary**

|   |                           |  |
|---|---------------------------|--|
| 1. 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.)                     | <b>INCURRED TOTALS \$</b> | 220.90   |
| 2. 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.) | <b>PAID TOTALS \$</b>     | 127.03   |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)  | <b>NET \$</b>             | 93.87<br><small>May be a negative number</small> |