Officeholder and Candidate Campaign Statement — Short Form

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

Date Stamp

CALIFORNIA FORM 470

For Official Use Only

For use by officeholders and candidates who do not have a controlled committee and who do not anticipate receiving $1,000 or more in contributions and do not anticipate spending $1,000 or more during the calendar year. Officeholders whose salary is less than $100 per month and judges who have a controlled committee may use this form under certain circumstances. See the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for Elected Officeholders, Candidates, and Their Controlled Committees for further information.

I Statement Covers Calendar Year 19 97 .

II Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

ROY NAKADEGAWA

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

751 The Alameda

CITY | STATE | ZIP CODE

Berkeley | CA | 94707

AREA CODE/DAYTIME PHONE NUMBER

(510) 526-5094

III Information on Office Sought or Held

OFFICE SOUGHT OR HELD

BART DIRECTOR - DISTRICT 3

JURISDICTION (LOCATION)

DISTRICT NUMBER (IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR) (IF APPLICABLE)

IV Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

V Verification

I declare under penalty of perjury that to the best of my knowledge, I anticipate that I will receive less than $1,000 and that I will spend less than $1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/22/98 (DATE) At Oakland, CA (CITY AND STATE) By Roy Nakadegawa (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)

REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977. SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

Officeholder and Candidate Campaign Statement — Short Form

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

Date Stamp

CALIFORNIA 470 FORM

For Official Use Only

For use by officeholders and candidates who do not have a controlled committee and who do not anticipate receiving $1,000 or more in contributions and do not anticipate spending $1,000 or more during the calendar year. Officeholders whose salary is less than $100 per month and judges who have a controlled committee may use this form under certain circumstances. See the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for Elected Officeholders, Candidates, and Their Controlled Committees for further information.

I Statement Covers Calendar Year 19 97 (Semi Annual Statement)

II Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

ROY NAKADEGAWA

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

751 The Alameda

CITY | STATE | ZIP CODE

Berkeley | CA | 94707

AREA CODE/DAYTIME PHONE NUMBER

510-526-5094

III Information on Office Sought or Held

OFFICE SOUGHT OR HELD

SF BART DIRECTOR

JURISDICTION (LOCATION)

~~Dist~~ Alameda & Contra Costa Co.

DISTRICT NUMBER (IF APPLICABLE) 3

DATE OF ELECTION (MONTH, DAY, YEAR) (IF APPLICABLE)

—

IV Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

V Verification

I declare under penalty of perjury that to the best of my knowledge, I anticipate that I will receive less than $1,000 and that I will spend less than $1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 6/26/97 (DATE) At Oakland, CA (CITY AND STATE) By Roy Nakadegawa (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

COVER PAGE - LONG FORM

Statement covering period: from 10/20/96 through 12/31/96

Date of election if applicable (Month, Day, Year): 11/5/96

Date Stamp: JAN 31 PM 3:10 / FILED / DEPUTY REGISTRAR

Page 1 of 7

For Official Use Only

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement
- ☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- ☐ Special Odd-Year Campaign Report
- ☒ Semi-annual Statement
- ☐ Termination Statement (Attach a completed Form 415 to this statement.)

I Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE: Roy Nakadegawa

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): BART Member Board of Directors - Dist. 3

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET): 757 The Alameda

CITY: Berkeley STATE: CA ZIP CODE: 94707 AREA CODE/DAYTIME PHONE: 510 526-5094

COMMITTEE NAME: Nakadegawa for BART I.D. NUMBER: 922723

COMMITTEE ADDRESS (NO. AND STREET): Same as above

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

NAME OF TREASURER: Jean Miller

PERMANENT ADDRESS OF TREASURER (NO. AND STREET): 6461 Allegass Ave.

CITY: Oakland STATE: CA ZIP CODE: 94618 AREA CODE/DAYTIME PHONE: 510-428-2833

II Other Committees Not Included in this Statement

List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME: N/A I.D. NUMBER:

NAME OF TREASURER CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/29/97 (DATE) At Oakland CA (CITY AND STATE) By Jean Miller (SIGNATURE OF TREASURER)

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/29/97 (DATE) At Oakland CA (CITY AND STATE) By Roy Nakadegawa (SIGNATURE OF CANDIDATE/OFFICEHOLDER)

Executed on _____ (DATE) At _____ (CITY AND STATE) By _____ (SIGNATURE OF CANDIDATE/OFFICEHOLDER)

Executed on _____ (DATE) At _____ (CITY AND STATE) By _____ (SIGNATURE OF CANDIDATE/OFFICEHOLDER)

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

Allocation Page — Part I
Contributions and Independent Expenditures Made From Campaign Funds

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

ALLOCATION - PART I

Statement covers period from 10/20/96 through 12/31/96

Page 2 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: Roy Nakadegawa / Nakadegawa for BART

I.D. NUMBER: 920723

List each contribution and independent expenditure of $100 or more made from campaign funds to other committees or to support or oppose other candidates or ballot measures.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE Support	CHECK ONE Oppose	IND. EXP*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12/3/96	Lewis - BART	✓			150.00	150.00	
10/20/96	BCA Campaign	✓			200.00	200.00	
10/25/96	Oakland Citizens for Accountable Government	✓			250.00	250.00	

*See reverse regarding independent expenditures.

SUBTOTAL $ 600.00

Attach additional information on appropriately labeled continuation sheets.

ALLOCATION — PART I SUMMARY

1. Contributions and independent expenditures of $100 or more made this period from campaign funds. (Include all Allocation Page — Part I subtotals.) ..... $ 600.00
2. Contributions and independent expenditures under $100 made this period from campaign funds. (Do not itemize.) ..... $ —
3. Total contributions and independent expenditures made this period from campaign funds. (Do not carry this total to the Summary Page.) ..... TOTAL $ 600.00

Allocation Page — Part II
Contributions and Independent Expenditures Made From Personal Funds

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

ALLOCATION - PART II

Statement covers period from 10/20/96 through 12/31/96

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE

Roy Nakadegawa / Nakadegawa for BART

List each contribution and independent expenditure of $100 or more made from the officeholder or candidate's personal funds to support or oppose other officeholders, candidates and committees.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE Support	CHECK ONE Oppose	IND. EXP*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
1/25/96	MIRIAM HAWLEY for ACTRANSIT	✓			100.00	100.00	
	SUBTOTAL				$100.00		

*See reverse regarding independent expenditures.

Attach additional information on appropriately labeled continuation sheets.

ALLOCATION — PART II SUMMARY

1. Contributions and independent expenditures of $100 or more made this period from personal funds. (Include all Allocation Page — Part II subtotals.) ..... $ ~~0~~ 100.00
2. Contributions and independent expenditures under $100 made this period from personal funds. (Do not itemize.) ..... $ ~~0~~
3. Total contributions and independent expenditures made this period from personal funds. (Do not carry this total to the Summary Page.) ..... TOTAL $ ~~0~~ 100.00

+5105249103 ROY NAKADEGAWA 10:32 AM FEB 21 '97

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period from 10/20/96 through 12/31/96

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: Roy Nakadegawa / Nakadegawa for BART

I.D. NUMBER: 922723

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	$ 829.00	$ 397.00	$ 1,226.00
2. Loans Received	Schedule B, Line 7	0	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 829.00	$ 397.00	$ 1,226.00
Non-monetary Contributions	Schedule C, Line 3	0	0	0
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	$ 829.00	$ 397.00	$ 1,226.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	0	0	0
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	$ 829.00	$ 397.00	$ 1,226.00
Expenditures Made				
8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	$ 873.88	$ 440.00	$ 1,313.88
9. Loans Made	Schedule H, Line 7	0	0	0
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	$ 873.88	$ 440.00	$ 1,313.88
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	0	0	0
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	$ 873.88	$ 440.00	$ 1,313.88

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	$ 2,777.85
Cash Receipts	Column A, Line 3 above	829.00
15. Miscellaneous Increases to Cash	Schedule I, Line 4	15.04
16. Cash Payments	Column A, Line 10 above	873.88
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	$ 2,748.01

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED — Schedule B, Part I, Column (b) — $ 0

Cash Equivalents and Outstanding Debts

19. Cash Equivalents — See instructions on reverse — $ 0

20. Outstanding Debts — Add Line 2 + Line 11 in Column C above — $ 0

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	$	
22. Expenditures Made	$	

Page 4 +5105249183 ROY NAKADEGAWA 10:33 AM FEB 21 '97

Schedule A
Monetary Contributions Received

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

Statement covers period
from 10/20/96
through 12/31/96

Page 5 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Roy Nakadegawa / Nakadegawa for BART

I.D. NUMBER
922723

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		SUBTOTAL $	0		

Monetary Contributions Summary

1. Amount received this period — contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 0
2. Amount received this period — contributions of less than $100. (Do not itemize.) ..... $ 829.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 829.00

Page 5 +5105249103 ROY NAKADEGAWA 10:33 AM FEB 21 '97

Schedule E
Payments and Contributions (Other Than Loans) Made

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

Statement covers period from 10/20/96 through 12/31/96

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: Roy Nakadegawa / Nakadegawa for BART

I.D. NUMBER: 922723

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "C" – MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
- "I" – INDEPENDENT EXPENDITURES
- "L" – LITERATURE
- "B" – BROADCAST ADVERTISING
- "N" – NEWSPAPER AND PERIODICAL ADVERTISING
- "O" – OUTSIDE ADVERTISING
- "S" – SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" – FUNDRAISING EVENTS
- "G" – GENERAL OPERATIONS AND OVERHEAD
- "T" – TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "P" – PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW. CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
"Lewis - BART" # 922502 Treas. S. Russell 2805 Hillcrest, Hayward CA 94542	C		150.00
BCA Campaign	C		200.00
Oakland Citizens for Accountable Goverment # 960743 - Treas. M. Warren 6633 Thornhill Dr. Oakland, CA 94611	C		250.00

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL $ 600.00

Payments and Contributions Made Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 600.00
2. Payments made this period of under $100. (Do not itemize.) ..... $ 273.88
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) ..... $ —
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) ..... $ —
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) ..... TOTAL $ 873.88

+5105249183 ROY NAKADEGAWA FEB 21 '97 10:34 AM Page 6

Schedule I
Miscellaneous Increases to Cash

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

SCHEDULE I

Statement covers period
from 10/20/96
through 12/31/96

Page 7 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Roy Nakadegawa / Nakadegawa for BART

I.D. NUMBER
922723

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ —

Miscellaneous Increases to Cash Summary

1. Increases to cash of $100 or more this period. ..... $ —
2. Increases to cash under $100 this period. (Do not itemize.) ..... $ 15,04
3. Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) ..... $ —
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) ..... TOTAL $ 15,04

+5105249103 ROY NAKADEGAWA 10:35 AM FEB 21 '97

CALIFORNIA 1996/97 FORM **700**
FAIR POLITICAL PRACTICES COMM.

STATEMENT OF ECONOMIC INTERESTS

A Public Document

Date Received
RECEIVED
MAR 20 1997
DIST. SECRETARY'S OFF.

Please type or print in ink

NAME: Roy Nakadegawa
DAYTIME TELEPHONE NUMBER: (510) 526-5094
MAILING ADDRESS: 751 STREET: The Alameda CITY: Berkeley, CA ZIP CODE: 94707

1. Office, Agency or Court

SF BARTD

Division, Board, District, if applicable:

Position: Board Member, District 3

➤ Is the position covered by a conflict of interest code?
☒ Yes ☐ No

➤ If filing an expanded statement list agency/position:
(attach a separate sheet if necessary)

2. Office Jurisdiction *(Check one)*

☐ State ☐ County of
☐ City of
☒ Multi-County Bay Area Rapid Transit District (Alameda, Contra Costa, SF Cos.)

3. Type of Statement *(Check at least one box)*

☐ Assuming Office/Initial Date: ___/___/___
(Check one)
☒ Elected Official
○ Appointed Official *(includes individuals newly hired)*

☒ Annual
(Check one)
☒ The period covered is January 1, 1996 through December 31, 1996.
○ The period covered is ___/___/___ through December 31, 1996.

☐ Leaving Office Date Left: ___/___/___
(Check one)
○ The period covered is January 1, 1996 through the date of leaving office.
○ The period covered is ___/___/___ through the date of leaving office.

☐ Candidate

4. Schedule Summary

(Check one box for each schedule)

During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 *Investments (Less than 10% Ownership)*	☐ No	☒ Yes-attach schedule
Schedule A-2 *Investments (Greater than 10% Ownership)*	☐ No	☒ Yes-attach schedule
Schedule B *Real Property*	☐ No	☒ Yes-attach schedule
Schedule C *Income & Business Positions (Income Other than Loans, Gifts and Travel)*	☐ No	☐ Yes-attach schedule
Schedule D *Income – Loans*	☐ No	☐ Yes-attach schedule
Schedule E *Income – Gifts*	☐ No	☐ Yes-attach schedule
Schedule F *Income – Travel Payments*	☐ No	☒ Yes-attach schedule

➤ The number of pages attached:
☐ None *(no reportable interests)* Number of pages ___

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 March 20 *(month, day)*, 19 97 *(year)*

SIGNATURE Roy Nakadegawa

Schedule A-1

Investments

Stocks, Bonds and Other Interests

(Ownership Interest is Less Than 10%)

CALIFORNIA 1996/97 FORM **700**
FAIR POLITICAL PRACTICES COMM.

Name: R. Nakadegawa

➤ NAME OF BUSINESS ENTITY: Bank of America

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Banking

FAIR MARKET VALUE
- ☐ $1,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ Over $100,000

NATURE OF INVESTMENT
- ☒ Stock
- ☐ Other _____

IF APPLICABLE, LIST DATE:

___/___/96 ACQUIRED ___/___/96 DISPOSED

➤ NAME OF BUSINESS ENTITY: Retail Court Associates

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Commercial Property Rental

FAIR MARKET VALUE
- ☐ $1,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ Over $100,000

NATURE OF INVESTMENT
- ☐ Stock
- ☒ Other Partnership (see Schd B)

IF APPLICABLE, LIST DATE:

___/___/96 ACQUIRED ___/___/96 DISPOSED

➤ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

FAIR MARKET VALUE
- ☐ $1,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ Over $100,000

NATURE OF INVESTMENT
- ☐ Stock
- ☐ Other _____

IF APPLICABLE, LIST DATE:

___/___/96 ACQUIRED ___/___/96 DISPOSED

➤ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

FAIR MARKET VALUE
- ☐ $1,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ Over $100,000

NATURE OF INVESTMENT
- ☐ Stock
- ☐ Other _____

IF APPLICABLE, LIST DATE:

___/___/96 ACQUIRED ___/___/96 DISPOSED

➤ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

FAIR MARKET VALUE
- ☐ $1,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ Over $100,000

NATURE OF INVESTMENT
- ☐ Stock
- ☐ Other _____

IF APPLICABLE, LIST DATE:

___/___/96 ACQUIRED ___/___/96 DISPOSED

➤ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

FAIR MARKET VALUE
- ☐ $1,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ Over $100,000

NATURE OF INVESTMENT
- ☐ Stock
- ☐ Other _____

IF APPLICABLE, LIST DATE:

___/___/96 ACQUIRED ___/___/96 DISPOSED

Comments: _____

Schedule A-2

Investments, Income and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA 1996/97 FORM **700**
FAIR POLITICAL PRACTICES COMM.

Name: R. Nakadegawa

1. BUSINESS ENTITY OR TRUST

Name: Retail Court Assoc.

Address: 264-8 14th St, Oakland, CA

Check one: ☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $1,000 - $10,000
☐ $10,001 - $100,000
☒ Over $100,000

IF APPLICABLE, LIST DATE:
__/__/96 ACQUIRED __/__/96 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☒ Partnership ☐ ____ Other

BUSINESS POSITION (if applicable) Partner

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☒ ~~$250 - $1,000~~ None - At a Loss ☐ $1,001 - $10,000 ☐ OVER $10,000

3. LIST EACH REPORTABLE SOURCE OF INCOME/LOANS OF $10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one circle:

☒ REAL PROPERTY

264-8 14th St Oakland, CA
Street address or precise location

City

○ INVESTMENT

Retail Court Assoc.
Name of Business Entity

Real Estate Partnership.
Description of Business Activity

FAIR MARKET VALUE
☐ $1,000 - $10,000
☐ $10,001 - $100,000
☒ Over $100,000

IF APPLICABLE, LIST DATE:
__/__/96 ACQUIRED __/__/96 DISPOSED

NATURE OF INTEREST
☐ Property Ownership ☐ Deed of Trust ☐ Stock ☒ Partnership
☐ Leasehold ____ Yrs. remaining
☐ Other ____

4. (cont.) *Check one circle:*

○ REAL PROPERTY

Street address or precise location

City

○ INVESTMENT

Name of Business Entity

Description of Business Activity

FAIR MARKET VALUE
☐ $1,000 - $10,000
☐ $10,001 - $100,000
☐ Over $100,000

IF APPLICABLE, LIST DATE:
__/__/96 ACQUIRED __/__/96 DISPOSED

NATURE OF INTEREST
☐ Property Ownership ☐ Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining
☐ Other ____

4. (cont.) *Check one circle:*

○ REAL PROPERTY

Street address or precise location

City

○ INVESTMENT

Name of Business Entity

Description of Business Activity

FAIR MARKET VALUE
☐ $1,000 - $10,000
☐ $10,001 - $100,000
☐ Over $100,000

IF APPLICABLE, LIST DATE:
__/__/96 ACQUIRED __/__/96 DISPOSED

NATURE OF INTEREST
☐ Property Ownership ☐ Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining
☐ Other ____

Comments: ____

Schedule B

Interests in Real Property

CALIFORNIA 1996/97 FORM **700**
FAIR POLITICAL PRACTICES COMM.

Name: R. Nakadegawa

➤ STREET ADDRESS OR PRECISE LOCATION
264-8 14th St

CITY
Oakland, CA

FAIR MARKET VALUE
- [ ] $1,000 - $10,000
- [ ] $10,001 - $100,000
- [x] Over $100,000

IF APPLICABLE, LIST DATE:
__/__/96 ACQUIRED
__/__/96 DISPOSED

NATURE OF INTEREST
- [ ] Rental Property
- [x] Ownership
- [ ] Leasehold ____ Yrs. remaining
- [ ] Easement
- [ ] Deed of Trust Held by You
- [ ] ____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $250 - $1,000
- [ ] $1,001 - $10,000
- [x] Over $10,000

SOURCES OF RENTAL INCOME: *If you own a 10% or greater interest, list each reportable source of rental income of $10,000 or more*

I own 13%. Although this is rental property and the gross rent is over $10,000, the net income is at a loss.

NAME OF LENDER
Sumitomo Bank

ADDRESS
Japan Town Branch in S.F.

BUSINESS ACTIVITY OF LENDER
- [x] Financial Institution
- [ ] Other ____

INTEREST RATE
?%
- [ ] None

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $250 - $1,000
- [ ] $1,001 - $10,000
- [x] Over $10,000

- [ ] Guarantor, if applicable
Partnership

Check below if another loan is disclosed on Schedule D.
- [ ] Additional loan – refer to Sch. D.

➤ STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE
- [ ] $1,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] Over $100,000

IF APPLICABLE, LIST DATE:
__/__/96 ACQUIRED
__/__/96 DISPOSED

NATURE OF INTEREST
- [ ] Rental Property
- [ ] Ownership
- [ ] Leasehold ____ Yrs. remaining
- [ ] Easement
- [ ] Deed of Trust Held by You
- [ ] ____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $250 - $1,000
- [ ] $1,001 - $10,000
- [ ] Over $10,000

SOURCES OF RENTAL INCOME:
List each reportable source of rental income of $10,000 or more

NAME OF LENDER

ADDRESS

BUSINESS ACTIVITY OF LENDER
- [ ] Financial Institution
- [ ] Other ____

INTEREST RATE
____%
- [ ] None

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $250 - $1,000
- [ ] $1,001 - $10,000
- [ ] Over $10,000

- [ ] Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.
- [ ] Additional loan – refer to Sch. D.

Comments:

Schedule F

Income – Gifts

Travel Payments, Advances, and Reimbursements

CALIFORNIA 1996/97 FORM **700**
FAIR POLITICAL PRACTICES COMM.

Name _____

➤ NAME OF SOURCE
Transit Cooperative Research Program
ADDRESS
2101 Constitution Ave NW. Wash. D.C.
CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Serve on Panel overseeing Transit Research
TYPE OF PAYMENT: *(check one)*
○ Gift ☒ Income
AMT: $ ~650 DATE(S): 8/24/96 - 8/29/96 *(If applicable)*
DESCRIPTION: TCRP is a program funded by US DOT and administered by TRB.

➤ NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
TYPE OF PAYMENT: *(check one)*
○ Gift ○ Income
AMT: $_____ DATE(S): ___/___/___ ___/___/___ *(If applicable)*
DESCRIPTION:

➤ NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
TYPE OF PAYMENT: *(check one)*
○ Gift ○ Income
AMT: $_____ DATE(S): ___/___/___ ___/___/___ *(If applicable)*
DESCRIPTION:

➤ NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
TYPE OF PAYMENT: *(check one)*
○ Gift ○ Income
AMT: $_____ DATE(S): ___/___/___ ___/___/___ *(If applicable)*
DESCRIPTION:

➤ NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
TYPE OF PAYMENT: *(check one)*
○ Gift ○ Income
AMT: $_____ DATE(S): ___/___/___ ___/___/___ *(If applicable)*
DESCRIPTION:

Comments: _____