

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Yung Allan Ka-Lun

1. Office, Agency, or Court

Agency Name
City of San Marino
Division, Board, Department, District, if applicable
San Marino City Council
Your Position
Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: (see attached) Position:

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of San Marino
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other Agency

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

- Annual: The period covered is January 1, 2011, through December 31, 2011.
-or-
The period covered is _____, through December 31, 2011.
- Assuming Office: Date assumed _____
- Candidate: Election Year _____ Office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one)
 - The period covered is January 1, 2011, through the date of leaving office.
 - The period covered is _____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

- Schedule A-1 - Investments - schedule attached
 - Schedule A-2 - Investments - schedule attached
 - Schedule B - Real Property - schedule attached
 - Schedule C - Income, Loans, & Business Positions - schedule attached
 - Schedule D - Income - Gifts - schedule attached
 - Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
 None - No reportable interests on any schedule



I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/15/12
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

Name
ALLAN YANIG

▶ NAME OF SOURCE
GIANSU JEWELER
 ADDRESS (Business Address Acceptable)
GIANSU Province, China
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
oct/2011 200 pearl necklace

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____