

AN 2013



Date Received  
Official Use Only

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) CHANG (FIRST) LING-LING

RECEIVED  
2014 APR 2 8:02 AM  
CITY MANAGER'S OFFICE  
CITY OF DIAMOND BAR

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

CITY OF DIAMOND BAR

Division, Board, Department, District, if applicable

Your Position

COUNCILMEMBER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: BOARD OF VOC. NURSING & PSYCH TECH

Position: BOARDMEMBER

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
11 APR -7 PM 1 50

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of DIAMOND BAR  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is \_\_\_\_\_ through December 31, 2013.
- Assuming Office: Date assumed \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is \_\_\_\_\_ through the date of leaving office.
- Candidate: Election year 2014 and office sought, if different than Part 1: CA STATE ASSEMBLY DISTRICT 55

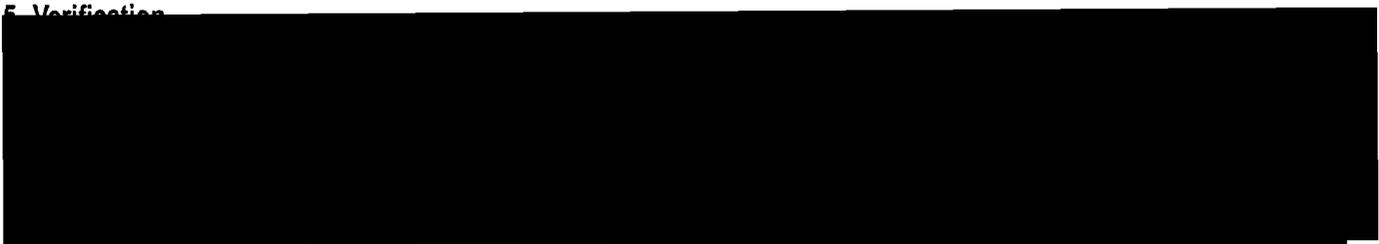
**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

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

**5. Verification**



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

Date Signed 3/29/14  
(month, day, year)

Name \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
**901 GOLDEN SPRINGS #C-3**

---

CITY  
**DIAMOND BAR, CA 91765**

---

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / **13**      DISPOSED      /      / **13**

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

---

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

---

CITY

---

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / **13**      DISPOSED      /      / **13**

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

---

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

---

ADDRESS (Business Address Acceptable) \_\_\_\_\_

---

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

---

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_%       None

---

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

---

NAME OF LENDER\* \_\_\_\_\_

---

ADDRESS (Business Address Acceptable) \_\_\_\_\_

---

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

---

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_%       None

---

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

---

Comments: \_\_\_\_\_



**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
**EDVOICE INSTITUTE**

ADDRESS (Business Address Acceptable)  
**1107 9TH STREET STE 680**

CITY AND STATE  
**SACRAMENTO, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

---

DATE(S): 12, 03, 13 - 12, 04, 13 AMT: \$ 866.76  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

---

DATE(S): \_\_\_\_\_ - \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

---

DATE(S): \_\_\_\_\_ - \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

---

DATE(S): \_\_\_\_\_ - \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Comments: \_\_\_\_\_