

AM013

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

**STATEMENT OF ECONOMIC INTERESTS** **STN**

Date Received  
Official Use Only

**FILED**

COVER PAGED  
FAIR POLITICAL  
PRACTICES COMMISSION

2014 MAR -7 PM 1:48  
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST)  
SHAM

STE 2014 MAR 12 PM 2:21  
(FIRST)

K. CITY OF ALHAMBRA  
CITY CLERK'S OFFICE

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

Agency Name (Do not use acronyms)

CITY OF ALHAMBRA

Division, Board, Department, District, if applicable

CITY COUNCIL - FIRST DISTRICT

Your Position

MAYOR

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

Agency: PLEASE SEE ATTACHED LIST

Position: PLEASE SEE ATTACHED LIST

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

- State
- Multi-County \_\_\_\_\_
- City of ALHAMBRA
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- 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 \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

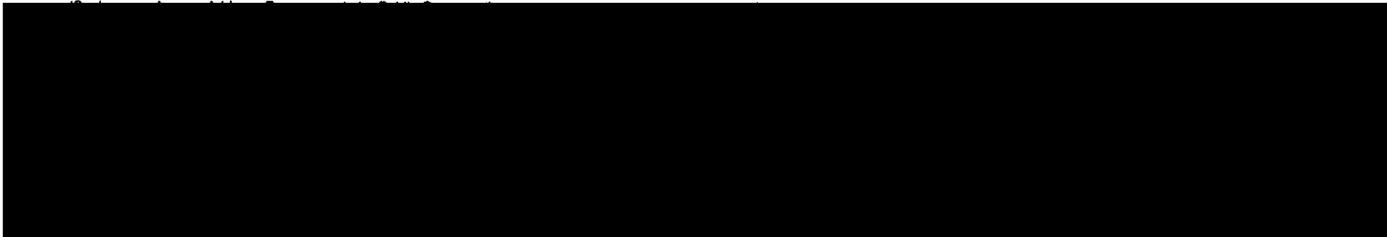
- Schedule A-1 - Investments** - schedule attached
- Schedule A-2 - Investments** - schedule attached
- Schedule B - Real Property** - schedule attached
- Schedule C - Income, Loans, & Business Positions** - schedule attached
- Schedule D - Income - Gifts** - schedule attached
- Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or-

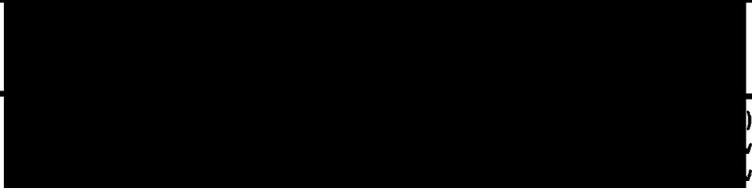
**None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE



Date Signed 03/07/2014  
(month, day, year)



**EXPANDED STATEMENT – STEPHEN K. SHAM -- 2013**

1. SAN GABRIEL VALLEY MOSQUITO & VECTOR CONTROL DISTRICT  
TRUSTEE  
(Annual – Calendar Year 2013)
  
2. COUNTY SANITATION DISTRICT NOS. 2 AND 16 OF LOS ANGELES  
COUNTY – MEMBER  
(Annual – Calendar Year 2013)



**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 SHAM, STEPHEN K.

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <b>ALHAMBRA HOSPITAL MEDICAL CENTER</b>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <b>100 S. RAYMOND AVE. ALHAMBRA, CA 91801</b>	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <b>GOVERNING BOARD</b>	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more
<input checked="" type="checkbox"/> Other <b>MEETING STIPEND</b> <i>(Describe)</i>	<input type="checkbox"/> Other _____ <i>(Describe)</i>

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____ % <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____	<i>Street address</i>
<input type="checkbox"/> \$500 - \$1,000		_____
<input type="checkbox"/> \$1,001 - \$10,000		<i>City</i>
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	<i>(Describe)</i>

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

**SCHEDULE D**  
**Income – Gifts**

Name  
**SHAM, STEPHEN K.**

▶ NAME OF SOURCE (Not an Acronym)  
**American Chinese Culture Association**

ADDRESS (Business Address Acceptable)  
**25 E. Wheeler Ave., #F, Arcadia, CA 91016**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 02 / 13	\$ 100.00	Show Ticket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**Burke, Williams & Sorensen**

ADDRESS (Business Address Acceptable)  
**444 S. Flower St. Ste 2400, Los Angeles, CA 90071**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 01 / 13	\$ 120.00	Dinner
05 / 17 / 13	\$ 120.00	Dinner
07 / 11 / 13	\$ 120.00	Dinner

▶ NAME OF SOURCE (Not an Acronym)  
**Chinese Culture Development Center**

ADDRESS (Business Address Acceptable)  
**2121 W. Mission Dr. Alhambra, CA 91803**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 01 / 13	\$ 188.00	Show Ticket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)  
**BioCalth International Corp.**

ADDRESS (Business Address Acceptable)  
**1871 Wright Ave La Verne CA 91750-5817**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 17 / 13	\$ 100.00	Show Ticket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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