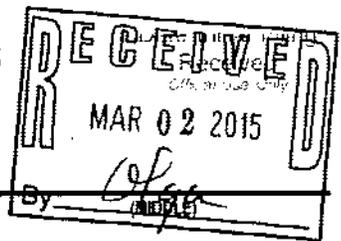


STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
Chiu, David S.

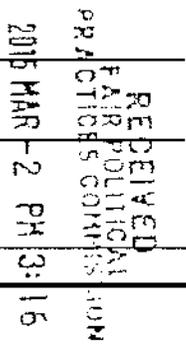
1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Assembly

Division, Board, Department, District, if applicable
Assembly District 17
Your Position
Assemblymember

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

Agency: _____ Position: _____



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

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

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

- Annual: The period covered is January 1, 2014, through December 31, 2014. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2014. The period covered is January 1, 2014, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ 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: 4

- 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. [Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge this is a
I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/1/15 Signature _____
(month, day, year)

SCHEDULE D
Income – Gifts

Name
 David S. Chiu

▶ NAME OF SOURCE (Not an Acronym)
 California Democratic Party

ADDRESS (Business Address Acceptable)
 1830 9th Street, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Policy Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 06 / 14	\$ 73.63	Food
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)

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)

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)

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)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

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

Name
 David S. Chiu

- 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)
 Harvard Law School

ADDRESS (Business Address Acceptable)
 1585 Mass. Ave

CITY AND STATE
 Cambridge, MA 02138

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

DATE(S): 02 / 21 / 14 - 02 / 22 / 14 AMT: \$ 794.00
 (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)
 Asian Pacific American Leadership Foundation

ADDRESS (Business Address Acceptable)
 2275 Huntington Drive, Suite 378

CITY AND STATE
 San Marino, CA 91108

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

DATE(S): 7 / 31 / 14 - 8 / 1 / 14 AMT: \$ 648.03
 (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

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

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

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

DATE(S): / / - / / AMT: \$
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated In a Panel

Other - Provide Description _____

Comments: _____

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

110

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Catholic Charities of Santa Clara County

ADDRESS (Business Address Acceptable)
2625 Zanker Road, San Jose, CA 95134

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Refugee foster care services

YOUR BUSINESS POSITION
Program Coordinator - Legal Services

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

2015 APR 17 PM 5:55
FPPC RECEIVED
STATE OF CALIFORNIA
FPPC

Comments: _____

▶ 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)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address _____
_____		City _____
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Filer's Verification

Print Name David S. Chiu Office, Agency or Court California State Assembly

Statement Type 2014/2015 Annual 2014 Annual Assuming Leaving Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any 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.

Date Signed 04/14/2015 Filer's Signature _____
(month, day, year)