**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

**AMENDMENT**

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

*A Public Document*

Date Received
*Official Use Only*

2010 MAY -4 AM 11:08

2010 APR 23 PM 4:32

*Please type or print in ink.*

| NAME (LAST) | (FIRST) | (MIDDLE) | DAYTIME TELEPHONE NUMBER |
|---|---|---|---|
| Chiang | John | | [redacted] |

| MAILING ADDRESS (Business Address Acceptable) STREET | CITY | STATE | ZIP CODE | OPTIONAL: E-MAIL ADDRESS |
|---|---|---|---|---|
| [redacted] | | [redacted] | [redacted] | |

### 1. Office, Agency, or Court

Name of Office, Agency, or Court:
State Controller's office

Division, Board, District, if applicable:

Your Position:
California State Controller

► If filing for multiple positions, list additional agency(ies)/position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

- [x] State
- [ ] County of _____
- [ ] City of _____
- [ ] Multi-County _____
- [ ] Other _____

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

- [ ] Assuming Office/Initial Date: ___/___/___
- [x] Annual: The period covered is January 1, 2009, through December 31, 2009.

**-or-**

- O The period covered is ___/___/___, through December 31, 2009.

- [ ] Leaving Office Date Left: ___/___/___ (Check one)
  - O The period covered is January 1, 2009, through the date of leaving office.

**-or-**

  - O The period covered is ___/___/___, through the date of leaving office.

- [ ] Candidate Election Year: _____

### 4. Schedule Summary

► **Total number of pages including this cover page:** 2

► **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 [ ] Yes – schedule attached
*Investments (Less than 10% Ownership)*

Schedule A-2 [ ] Yes – schedule attached
*Investments (10% or Greater Ownership)*

Schedule B [ ] Yes – schedule attached
*Real Property*

Schedule C [ ] Yes – schedule attached
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D [x] Yes – schedule attached
*Income – Gifts*

Schedule E [ ] Yes – schedule attached
*Income – Travel Payments*

**-or-**

- [ ] No reportable interests on any schedule

### 5. Verification

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** 4/21/10
*(month, day, year)*

**Signature** [redacted]
*(file the originally signed statement with your filing official.)*

2010 MAY -4 AM 11:00

# SCHEDULE D
## Income – Gifts

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

**AMENDMENT**

► NAME OF SOURCE
National Association of Women Business Owners - Los Angeles
ADDRESS (Business Address Acceptable)
900 Wilshire Blvd, #404 Los Angeles, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 3/13/09 | $ 65 | Awards Luncheon |
| / / | $ | |
| / / | $ | |

► 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
Korean Health Education Information and Research Center
ADDRESS (Business Address Acceptable)
3727 W. 6th St. #210, Los Angeles, CA 90020
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 10/28/09 | $ 72 | Awards Dinner |
| / / | $ | |
| / / | $ | |

► 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) |
|---|---|---|
| / / | $ | |
| / / | $ | |
| / / | $ | |

## Verification

**Print Name** John Chiang

**Office, Agency or Court** State Controller's Office

**Statement Type** ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving ☐ ____ (yr) Annual ☐ Candidate

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** 4/21/10 (month, day, year)

Signat[redacted]

**Comments:**

**CALIFORNIA FORM 700**
**FAIR POLITICAL PRACTICES COMMISSION**

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

Date Received
Official Use Only
2/25/10

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2010 FEB 25 PM 3:37

*A Public Document*

*Please type or print in ink.*

RR

| NAME (LAST) | (FIRST) | (MIDDLE) | DAYTIME TELEPHONE NUMBER |
|---|---|---|---|
| Chiang | John | | ( [redacted] |

| MAILING ADDRESS (Business Address Acceptable) STREET | CITY | STATE | ZIP CODE | OPTIONAL: E-MAIL ADDRESS |
|---|---|---|---|---|
| [redacted] | | [redacted] | [redacted] | |

### 1. Office, Agency, or Court

Name of Office, Agency, or Court:
State Controller's Office

Division, Board, District, if applicable:

Your Position:
California State Controller

► If filing for multiple positions, list additional agency(ies)/position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

- [x] State
- [ ] County of _____
- [ ] City of _____
- [ ] Multi-County _____
- [ ] Other _____

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

- [ ] Assuming Office/Initial Date: ___/___/___
- [x] Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

- ○ The period covered is ___/___/___, through December 31, 2009.

- [ ] Leaving Office Date Left: ___/___/___ (Check one)
  - ○ The period covered is January 1, 2009, through the date of leaving office.

-or-

  - ○ The period covered is ___/___/___, through the date of leaving office.

- [ ] Candidate Election Year: _____

### 4. Schedule Summary

► **Total number of pages including this cover page:** 10

► **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

- Schedule A-1 [ ] Yes – schedule attached
  *Investments (Less than 10% Ownership)*
- Schedule A-2 [x] Yes – schedule attached
  *Investments (10% or Greater Ownership)*
- Schedule B [ ] Yes – schedule attached
  *Real Property*
- Schedule C [x] Yes – schedule attached
  *Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*
- Schedule D [x] Yes – schedule attached
  *Income – Gifts*
- Schedule E [x] Yes – schedule attached
  *Income – Gifts – Travel Payments*

-or-

- [ ] No reportable interests on any schedule

### 5. Verification

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 2/23/10 *(month, day, year)*

Signature [redacted] *(File the original signature with your filing official.)*

# SCHEDULE A-2
## Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

Name: John Chiang

### ▶ 1. BUSINESS ENTITY OR TRUST

Name: Bundle Up Joy

Address (Business Address Acceptable): [redacted]

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Baby Clothing

FAIR MARKET VALUE
☒ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED __/__/09 DISPOSED __/__/09

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ Spouse's business (Other)

YOUR BUSINESS POSITION: none

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

☐ $0 - $499
☐ $500 - $1,000
☒ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

### ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME 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 box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED __/__/09 DISPOSED __/__/09

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

☐ Check box if additional schedules reporting investments or real property are attached

---

### ▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED __/__/09 DISPOSED __/__/09

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ (Other)

YOUR BUSINESS POSITION

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

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

### ▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME 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 box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED __/__/09 DISPOSED __/__/09

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

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

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

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

Name: John Chiang

### 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Dunn Edwards

ADDRESS (Business Address Acceptable): 4885 E. 52nd Place, Los Angeles, CA 90058

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Paint

YOUR BUSINESS POSITION: Marketing

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [x] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Sale of _____ (Property, car, boat, etc.)
- [ ] Commission or
- [ ] Rental Income, list each source of $10,000 or more
- [ ] 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
- [ ] Loan repayment
- [ ] Sale of _____ (Property, car, boat, etc.)
- [ ] Commission or
- [ ] Rental Income, list each source of $10,000 or more
- [ ] Other _____ (Describe)

### 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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

INTEREST RATE: ____ % [ ] None

TERM (Months/Years)

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ Street address _____ City
- [ ] Guarantor
- [ ] Other _____ (Describe)

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: John Chiang

# SCHEDULE D
## Income – Gifts

| NAME OF SOURCE | ADDRESS (Business Address Acceptable) | BUSINESS ACTIVITY, IF ANY, OF SOURCE | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|---|---|---|
| Judy Feldman | 4312 Babcock Ave, #3, Studio City, CA 91604 | Nonprofit | 1/4/09 | $120.00 | 2 Clippers Tickets |
| Chirag Shah | 606 S. Olive Street, #1012, Los Angeles, CA 90014 | Legal | 1/8/09 | $79.99 | Fruit Basket - Get well gift |
| Taiwanese Chamber of Commerce of Greater LA | 1045 E. Valley Bl., #A211, San Gabriel, CA 91776 | Business | 1/10/09 | $80 | Annual Gala Ticket - Wife |
| Nina Huang | 2361 Kinclair Drive, Pasadena, CA 91107 | Bicycle Company | 1/22/09 | $100 | University of Chicago Alumni Dinner Ticket |
| James Kim | 3600 Wilshire Blvd., #1220, Los Angeles, CA 90010 | Legal | 1/24/09 | $167.50 | Dinner |
| Los Angeles Area Chamber of Commerce | 350 S. Bixel Street, Los Angeles, CA 90017 | Business | 1/29/09 | $100.00 | Dinner Ticket |

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: John Chiang

# SCHEDULE D
## Income – Gifts

▶ NAME OF SOURCE: China-U.S. Energy Efficiency Alliance
ADDRESS (Business Address Acceptable): 1 Embarcadero Ctr., #1550, San Francisco, CA 94111
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Global Environment

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 2/10/09 | $ 75 | Reception, Roundtable Discussion |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE: Frederick Howe
ADDRESS (Business Address Acceptable): 10680 Treena Street, San Diego, CA 92131
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Health Care

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 2/18/09 | $ 98.70 | Dinner |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE: Justin Moorehead, Seslia and Company
ADDRESS (Business Address Acceptable): 8436 W. Third Avenue, #700, Los Angeles, CA 90048
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Finance

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 2/20/09 | $ 50.00 | Dinner |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE: Steve Zahn
ADDRESS (Business Address Acceptable): 2126 W. 234th Street, Torrance, CA 90501
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Real Estate

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 2/26/09 | $ 110.00 | Laker Basketball Ticket |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE: California Science Foundation
ADDRESS (Business Address Acceptable): 700 Exposition Drive, Los Angeles, CA 90037
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Nonprofit

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 3/7/09 | $ 75 | Dinner Event |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE: NAWBO-LA
ADDRESS (Business Address Acceptable): 900 Wilshire Blvd, #404, Los Angeles, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Business

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 3/13/09 | $ 65 | Awards Luncheon |
| / / | $ | |
| / / | $ | |

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: John Chiang

# SCHEDULE D
## Income – Gifts

▶ NAME OF SOURCE: K. T. Leung
ADDRESS (Business Address Acceptable): 2135 Huntington Drive, San Marino, CA 91108
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Accounting

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 3/24/09 | $ 55 | Lunch |
| 5/24/09 | $ 55 | Dinner |
| 8/25/09 | $ 35 | Lunch |

▶ NAME OF SOURCE: Keith Kamisugi - Media Director, Equal Justice Society
ADDRESS (Business Address Acceptable): 220 Sansome St., 14th Flr., San Francisco, CA 94104
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Public Policy

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 5/2/09 | $ 60.00 | Dinner |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE: Joe Tseng
ADDRESS (Business Address Acceptable): 2290 Huntington Dr., St. 200, San Marino, CA 91108
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Accounting

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 5/15/09 | $ 55 | Dinner - Monte |
| / / | $ | Jade Association |
| / / | $ | |

▶ NAME OF SOURCE: Orange County Business Council
ADDRESS (Business Address Acceptable): 2 Park Plaza, Suite 100, Irvine, CA 92614
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Business

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 6/15/09 | $ 72.00 | Dinner |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE: Robert Toigo Foundation
ADDRESS (Business Address Acceptable): 180 Grand Avenue, #900, Oakland, CA 94612
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Finance

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 6/18/09 | $ 185.00 | Gala Dinner * |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE: Asia Society
ADDRESS (Business Address Acceptable): 350 S. Figueroa Street #480, Los Angeles, CA 90071
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Cultural - Educational Nonprofit

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 6/30/09 | $ 300.00 | Dinner - Gala |
| / / | $ | |
| / / | $ | |

Comments: * I delivered opening remarks at the Toigo Foundation's Gala dinner.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: John Chiang

# SCHEDULE D
## Income – Gifts

▶ NAME OF SOURCE: Tappan Zee
ADDRESS (Business Address Acceptable): 323 W. Valley Blvd, #200, Alhambra, CA 91803
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Legal

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 7/6/09 | $ 80.00 | Lunch |
| 9/21/09 | $ 40.00 | Lunch |
| / / | $ | |

▶ NAME OF SOURCE: Goldman Sachs
ADDRESS (Business Address Acceptable): 2121 Avenue of the Stars, Los Angeles, CA 90067
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Investment / Finance

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 7/14/09 | $ 80.00 | 2 Movie Tickets* |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE: Peter Woo
ADDRESS (Business Address Acceptable): 905 E. 2nd Street, Los Angeles, CA 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Toy Company

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 8/5/09 | $ 65.96 | Lunch |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE: Project Restore
ADDRESS (Business Address Acceptable): 200 N. Spring St, Rm 1633, Los Angeles, CA 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Nonprofit

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 9/10/09 | $ 65.00 | Awards Dinner |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE: Harry Tsao
ADDRESS (Business Address Acceptable): 488 E. Santa Clara, #304, Arcadia, CA 91106
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Business

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 9/11/09 | $ 195.00 | Sparks Game |
| / / | $ | and Food |
| / / | $ | |

▶ NAME OF SOURCE: Chinese American Museum
ADDRESS (Business Address Acceptable): 425 N. Los Angeles Street, Los Angeles, CA 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Cultural

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 9/20/09 | $ 60 | Awards Banquet |
| / / | $ | |
| / / | $ | |

Comments: * I sent the reimbursement more than 30 days after the event.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: John Chiang

# SCHEDULE D
## Income – Gifts

| NAME OF SOURCE | ADDRESS (Business Address Acceptable) | BUSINESS ACTIVITY, IF ANY, OF SOURCE | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|---|---|---|
| Milken Institute | 1250 Fourth St, Santa Monica, CA 90401 | Think Tank | 10/20/09 | $ 116.00 | Reception and Dinner* |
| Dr. Fernando Guerra | 761 Terminal St, Bl 1, 2nd Fl, Los Angeles, CA 90021 | Government Relations | 10/25/09 | $ 62 | White Memorial Reception |
| Gabriel Monares | 1720 W. Cameron Av, #100 West Covina, CA 91790 | Water | 10/25/09 | $ 96.50 | Concert Ticket |
| AEG | 800 W. Olympic Blvd, #305, Los Angeles, CA 90015 | Sports and Entertainment | 10/26/09 | $ 58.94 | Opening Reception** |
| KHEIR | 3727 W. 6th St., #210, Los Angeles, CA 90020 | Health Care | 10/28/09 | $ 72 | Awards Dinner |
| Charles Woo | 905 E. 2nd St, Los Angeles, CA 90012 | Toys | 11/7/09 | $ 400 | LA Police Foundations Dinner |

Comments: * I spoke briefly about California's cash position at the dinner. I also spoke earlier in the day on a panel at the Milken State of the State Conference.
** Tickets were picked up but I did not attend the event.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: John Chiang

# SCHEDULE D
## Income – Gifts

| NAME OF SOURCE | ADDRESS (Business Address Acceptable) | BUSINESS ACTIVITY, IF ANY, OF SOURCE | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|---|---|---|
| Armenian National Committee - Western Region | 104 N. Belmont, #200, Glendale, CA 91206 | Non-profit - Cultural | 11/8/09 | $200 | Banquet Ticket |
| Planned Parenthood | 555 Capitol Mall, #500, Sacramento, CA 95814 | Health Care | 11/11/09 | $80.27 | Awards Reception |
| Ca Association of Professional Scientists | 455 Capitol Mall #500, Sacramento, CA 95814 | Represented Employee Organization | 11/23/09 | $79.35 | Dinner |
| Daniel Fong | 855 Washington Bl, Montebello, CA 90640 | Furniture | 12/5/09 | $80 | Hong Kong School Association Dinner |
| American Israel Public Affair's Committee | P.O. Box 207, San Francisco, CA 94104 | Public Affair's | 12/15/09 | $200 | Dinner |
| Delson Investment Company | 9735 Wilshire Bl, #122 Beverly Hills, CA 90212 | Investments | 12/29/09 | $60 | Wine |

Comments:

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

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

Name: John Chiang

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

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▶ NAME OF SOURCE: Harvard University, Asian Pacific American Law Students Assoc.
ADDRESS (Business Address Acceptable): 1563 Massachusetts Avenue
CITY AND STATE: Cambridge, MA 02138
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Education
DATE(S): 2/27/09 - 3/1/09 (If applicable) AMT: $ 863.81
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: Keynote speaker at Conference
Airfare $628.79, Hotel - $235.02

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▶ NAME OF SOURCE: New America Alliance
ADDRESS (Business Address Acceptable): 8150 N. Central Expressway, St. 1625
CITY AND STATE: Dallas, Texas 75206
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Business - Finance
DATE(S): 10/28/09 - 10/30/09 (If applicable) AMT: $ 870.55
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: Panelist at economic forum
Airfare - $409.20, Hotel $461.35

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▶ NAME OF SOURCE: Aspen Institute - Rodel Fellowship
ADDRESS (Business Address Acceptable): 136 East 57th Street
CITY AND STATE: Newyork, Newyork 10022-2707
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Educational
DATE(S): 12/10/09 - 12/14/09 (If applicable) AMT: $ 2139.80
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: Educational Seminar - Airfare $428.46, Lodging, transportation, meals $1,522.65, materials - $188.75

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▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): __/__/__ - __/__/__ (If applicable) AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

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Comments: