

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

Date Received  
*(Print Date)*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
SADANA GERBINDER S.

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

Agency Name CFAOC Your Position MEMBER  
Division, Board, Department, District, if applicable

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2010, through December 31, 2010.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2010.
- Leaving Office:** Date Left \_\_\_\_\_  
(Check one)
  - The period covered is January 1, 2010, through the date of leaving office.
  - The period covered is \_\_\_\_\_, through the date of leaving office.
- Assuming Office:** Date \_\_\_\_\_
- Candidate:** Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

- 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  
*(Business or Agency Address Recommended - Public Document)*

DAYTIME TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

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 acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 7th 2011  
*(month, day, year)*

Signature \_\_\_\_\_  
*(File)*

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

NAME OF BUSINESS ENTITY  
GURBINDER S. SADANA, MD

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
STOCKS

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 10      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 10  
 ACQUIRED                                      DISPOSED

NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT  
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 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 10      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 10  
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IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 10      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 10  
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GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 10      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 10  
 ACQUIRED                                      DISPOSED

Comments:







**SCHEDULE D**  
**Income – Gifts**

*NONE*

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name \_\_\_\_\_

*NONE*

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE \_\_\_\_\_  
ADDRESS (Business Address Acceptable) \_\_\_\_\_  
CITY AND STATE \_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If applicable)*  
TYPE OF PAYMENT: (must check one)  Gift  Income  
DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE \_\_\_\_\_  
ADDRESS (Business Address Acceptable) \_\_\_\_\_  
CITY AND STATE \_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If applicable)*  
TYPE OF PAYMENT: (must check one)  Gift  Income  
DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE \_\_\_\_\_  
ADDRESS (Business Address Acceptable) \_\_\_\_\_  
CITY AND STATE \_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If applicable)*  
TYPE OF PAYMENT: (must check one)  Gift  Income  
DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE \_\_\_\_\_  
ADDRESS (Business Address Acceptable) \_\_\_\_\_  
CITY AND STATE \_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If applicable)*  
TYPE OF PAYMENT: (must check one)  Gift  Income  
DESCRIPTION: \_\_\_\_\_

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