

COPY COVER PAGE

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HUMAN RESOURCES



Please type or print in ink.

2011 MAR -1 AM 9:44

NAME OF FILER (LAST) (FIRST) (MIDDLE)
CHIANG JOHN

1. Office, Agency, or Court

Agency Name: STATE CONTROLLER'S OFFICE
Your Position: CALIFORNIA STATE CONTROLLER

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

Agency: Position:

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

- State (checked)
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. (checked)
Assuming Office: Date
Candidate: Election Year
Leaving Office: Date Left
The period covered is January 1, 2010, through the date of leaving office.
The period covered is through the date of leaving office.

4. Schedule Summary

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

5. Verification

MAILING ADDRESS: 777 S. FIGUEROA ST., #4800 LOS ANGELES CA 90017
DAYTIME TELEPHONE NUMBER: (213) 833-6010
E-MAIL ADDRESS: JOHN@SCO.CA.GOV

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: 2/28/11
Signature: [Redacted]

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

BUNDLE UP JOY
Name

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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/10 _____/_____/10
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership SPOUSE'S BUSINESS
Other

YOUR BUSINESS POSITION NONE

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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/10 _____/_____/10
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

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

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

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/10 _____/_____/10
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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

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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/10 _____/_____/10
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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 D
Income - Gifts

Name

John Chiang

▶ NAME OF SOURCE
BET Tzedek
ADDRESS (Business Address Acceptable) 90036
145 S Fairfax Avenue, #200 Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/13/10</u>	<u>\$ 150</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Los Angeles County Federation of Labor
ADDRESS (Business Address Acceptable)
2130 James M. Wood St. Los Angeles 90006
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labour

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/15/10</u>	<u>\$ 70</u>	<u>Martin Luther King Breakfast</u>
<u>3/9/10</u>	<u>\$ 20</u>	<u>Legislator Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Alborali Delawalla
ADDRESS (Business Address Acceptable)
1531 12th St, #105 Santa Monica 90401
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Food

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/15/10</u>	<u>\$ 370.00</u>	<u>2 Laker Tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Consumer Attorneys Association of Los Angeles
ADDRESS (Business Address Acceptable)
800 W 5th St, #700 Los Angeles, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/23/10</u>	<u>\$ 110</u>	<u>Installation Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
American Israel Public Affairs Committee
ADDRESS (Business Address Acceptable) 90048
6310 San Vicente Bl #275, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Affairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/24/10</u>	<u>\$ 110</u>	<u>Annual Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
AEB
ADDRESS (Business Address Acceptable)
800 W Olympic Bl #305 Los Angeles 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sports and Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/11/10</u>	<u>\$ 97*</u>	<u>LA Kings Ticket, Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: * I delivered congratulatory remarks for black history month.

SCHEDULE D
Income - Gifts

Name

John Chiang

▶ NAME OF SOURCE
Agribusiness President's Council
ADDRESS (Business Address Acceptable)
1521 I St., Sacramento, 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/17/10</u>	<u>\$ 41</u>	<u>Reception</u>
	\$	
	\$	

▶ NAME OF SOURCE
California Cotton Ginner and Grower's Association
ADDRESS (Business Address Acceptable)
1785 N. Fine Ave., Fresno 93727
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/17/10</u>	<u>\$ 45.00*</u>	<u>Cotton Towels</u>
	\$	
	\$	

▶ NAME OF SOURCE
Japanese American Bar Association
ADDRESS (Business Address Acceptable)
P.O. Box 96812, Los Angeles 90086
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/19/10</u>	<u>\$ 110.00</u>	<u>Installation Dinner</u>
	\$	
	\$	

▶ NAME OF SOURCE
Central City Optimist Club
ADDRESS (Business Address Acceptable) 90275
28637 S. Western Ave., #462, Rancho Palms Verdes
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Service Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/20/10</u>	<u>\$ 50</u>	<u>Banquet Ticket - Wife</u>
	\$	
	\$	

▶ NAME OF SOURCE
Fox Entertainment Group
ADDRESS (Business Address Acceptable)
P.O. Box 900, Beverly Hills 90213
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/21/10</u>	<u>\$ 20</u>	<u>Movie Tickets</u>
<u>6/30/10</u>	<u>\$ 31.98</u>	<u>Movie Ticket - wife</u>
	\$	

▶ NAME OF SOURCE
Valley Industry and Commerce Association
ADDRESS (Business Address Acceptable)
5121 Van Nuys Bl. #263 Sherman Oaks 91403
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/26/10</u>	<u>\$ 45</u>	<u>State Officeholders Dinner</u>
<u>6/17/10</u>	<u>\$ 63</u>	<u>Hall of Fame Dinner</u>
	\$	

Comments: * Towels donated to ACC Nursing Home after 30 days of receipt.

SCHEDULE D
Income - Gifts

Name

John Chiang

▶ NAME OF SOURCE
Hong Kong Association of Southern California
ADDRESS (Business Address Acceptable)
350 S. Figueroa #139, Los Angeles 90071
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cultural

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/27/10</u>	<u>\$ 90*</u>	<u>Chinese New Year Dinner</u>
___/___/___	\$ ___	___
___/___/___	\$ ___	___

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/20/10</u>	<u>\$ 85</u>	<u>Ecosystems Grand Opening Gala</u>
___/___/___	\$ ___	___
___/___/___	\$ ___	___

▶ NAME OF SOURCE
American Jewish Committee
ADDRESS (Business Address Acceptable)
9911 Wilshire Bl., #1602 Los Angeles 90035
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/17/10</u>	<u>\$ 125</u>	<u>Awards Dinner</u>
___/___/___	\$ ___	___
___/___/___	\$ ___	___

▶ NAME OF SOURCE
Southern California Chinese Lawyers Association
ADDRESS (Business Address Acceptable)
P.O. Box 981959 Terminal Annex, Los Angeles 90086
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/26/10</u>	<u>\$ 100</u>	<u>Installation Dinner</u>
___/___/___	\$ ___	___
___/___/___	\$ ___	___

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/19/10</u>	<u>\$ 150</u>	<u>Luncheon</u>
___/___/___	\$ ___	___
___/___/___	\$ ___	___

▶ NAME OF SOURCE
University of South Florida Foundation 33620
ADDRESS (Business Address Acceptable)
4202 East Volar Ave, ALC 100, Tampa, Florida
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/11/10</u>	<u>\$ 50</u>	<u>Brunch</u>
___/___/___	\$ ___	___
___/___/___	\$ ___	___

Comments: * I gave congratulatory remarks.

SCHEDULE D
Income – Gifts

Name
John Chieng

▶ NAME OF SOURCE
United Nurses Association of California
ADDRESS (Business Address Acceptable)
955 Overland Court #150, San Dimas 91773
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/16/10</u>	<u>\$ 37.67</u>	<u>Reception</u>
<u>12/10/10</u>	<u>\$ 36150</u>	<u>Open House and Retirement Celebration</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Paul Arney
ADDRESS (Business Address Acceptable) Suite 91105
556 S. Fair Oaks Avenue #10114 #468, Pasadena
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/17/10</u>	<u>\$ 125</u>	<u>California Democratic Party Dinner Ticket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Lynn Fukuhara-Arthur's
ADDRESS (Business Address Acceptable) 91602
10153 1/2 Riverside Dr, #111, Toluca Lake
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/19/10</u>	<u>\$ 400.00</u>	<u>Awards Dinner Ticket - East West Players</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Yucaipa Companies
ADDRESS (Business Address Acceptable)
9130 W. Sunset Blvd, Los Angeles 90069
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investments

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/20/10</u>	<u>\$ 50</u>	<u>Annual Meeting - lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Steve and Heather Murchin
ADDRESS (Business Address Acceptable)
888 East Walnut, Pasadena 91101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/25/10</u>	<u>\$ 175.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Miken Institute
ADDRESS (Business Address Acceptable)
1250 Fourth Street, Santa Monica 90401
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/26/10</u>	<u>\$ 75</u>	<u>lunch</u>
<u>4/27/10</u>	<u>\$ 50^x</u>	<u>breakfast</u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: * Breakfast sponsored by Ewing Marion Kauffman Foundation, 4801 Rockhill Road, Kansas City, Missouri 64110, Financial Education Nonprofit. I was asked to comment about California's fiscal condition.

SCHEDULE D
Income - Gifts

Name

John Chiang

▶ NAME OF SOURCE
California Latino Legislative Caucus
ADDRESS (Business Address Acceptable)
State Capitol Room 5100, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/3/10</u>	<u>\$ 53.60*</u>	<u>Latino Spirit Awards Reception</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Californian Women for Agriculture
ADDRESS (Business Address Acceptable)
P.O. Box 313, Kingsburg, CA 93631
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/4/10</u>	<u>\$ 80</u>	<u>Reception</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Hollenbeck Police Business Council
ADDRESS (Business Address Acceptable) 90033
2615 East First Street, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Youth Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/8/10</u>	<u>\$ 80.00</u>	<u>Family of the year Award Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
AHMC Health Foundation
ADDRESS (Business Address Acceptable)
438 W. Las Tunas Drive, San Gabriel, CA 91776
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/8/10</u>	<u>\$ 83.00</u>	<u>Gala Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Orange County Asian Bar Association
ADDRESS (Business Address Acceptable) 92603
6789 Quail Hill Parkway, #204 Irvine, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/13/10</u>	<u>\$ 85</u>	<u>Installation Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Cal Chamber
ADDRESS (Business Address Acceptable) 95814
1215 K Street, #1400, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/17/10</u>	<u>\$ 64.07</u>	<u>Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: * Value for two tickets. I did not use the second ticket.

SCHEDULE D
Income – Gifts

Name

John Chiang

▶ NAME OF SOURCE
Victor Park
ADDRESS (Business Address Acceptable)
650 Fifth Avenue, New York, NY 10185
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Finance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/18/10</u>	<u>\$ 150</u>	<u>Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Pres. William J. Clinton
ADDRESS (Business Address Acceptable)
55 West 125th St, New York, NY 10027
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Policy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/19/10</u>	<u>\$ 125 (est)*</u>	<u>Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
UCLA Burke Center for International Relations
ADDRESS (Business Address Acceptable) 90095
11353 Bunch Hall, Box 951487, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/24/10</u>	<u>\$ 68</u>	<u>Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Global Green USA
ADDRESS (Business Address Acceptable) 90405
2218 Main St, 2nd Flr., Santa Monica, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Environment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/12/10</u>	<u>\$ 25</u>	<u>Reception</u>
<u>6/12/10</u>	<u>\$ 75</u>	<u>Dinner</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Public Counsel
ADDRESS (Business Address Acceptable)
P.O. Box 76900, Los Angeles, CA 90076
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/16/10</u>	<u>\$ 100.00</u>	<u>William D. Douglas Award dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Maria Chen
ADDRESS (Business Address Acceptable)
7175 Sharon Drive, San Jose, CA 95129
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Auto

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/19/10</u>	<u>\$ 120.00</u>	<u>Chamber Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: * Assistant said it was a social dinner, and there was no gift value. Group appetizers, salad, fish, sipped dessert, diet coke. Invitation came from Pres. Clinton's office. Hosts could include others.

SCHEDULE D
Income - Gifts

Name

John Chiang

▶ NAME OF SOURCE

Seyfarth Shaw
ADDRESS (Business Address Acceptable) *90071*
333 S. Hope St, #3900, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>6/24/10</i>	<i>\$ 135.00</i>	<i>Los Angeles County Bar Association Dinner</i>
	\$	
	\$	

▶ NAME OF SOURCE

California Labor Federation
ADDRESS (Business Address Acceptable) *94610*
600 S. Brand Ave, #410, Oakland, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>7/13/10</i>	<i>\$ 35*</i>	<i>Lunch</i>
<i>12/6/10</i>	<i>\$ 16.44</i>	<i>Reception</i>
	\$	

▶ NAME OF SOURCE

California Teachers Association
ADDRESS (Business Address Acceptable) *95814*
1118 16th Street, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>8/1/10</i>	<i>\$ 43.99</i>	<i>Reception**</i>
	\$	
	\$	

▶ NAME OF SOURCE

Alta Med
ADDRESS (Business Address Acceptable) *90040*
500 Citadel Drive, #490, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>7/9/10</i>	<i>\$ 60</i>	<i>Ticket to fundraiser</i>
	\$	
	\$	

▶ NAME OF SOURCE

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

Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>7/11/10</i>	<i>\$ 70</i>	<i>Dodger Ticket</i>
<i>7/11/10</i>	<i>\$ 75</i>	<i>Food</i>
	\$	

▶ NAME OF SOURCE

Taiwanese American Citizens League
ADDRESS (Business Address Acceptable) *91770*
3001 Walnut Grove #7, Rosemead, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Cultural, Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>8/7/10</i>	<i>\$ 100.00</i>	<i>25th Anniversary Dinner - wife's Ticket</i>
	\$	
	\$	

Comments: ** I gave a speech after the lunch. ** I gave remarks about the State's fiscal conditions.*

SCHEDULE D
Income - Gifts

Name
John Chiang

▶ NAME OF SOURCE
Project by Project Southern California
ADDRESS (Business Address Acceptable) 90064
2355 Westwood Blvd, #246, Los Angeles
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Charitable

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8, 14, 10</u>	<u>\$ 200.00*</u>	<u>Reception - Me, wife given a ticket</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Long Term Care Workers Service Employees International Union - United
ADDRESS (Business Address Acceptable)
2515 Beverly Bl, Los Angeles, CA 900057
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 3, 10</u>	<u>\$ 89.00</u>	<u>Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Chinese American Museum
ADDRESS (Business Address Acceptable) 90012
125 Paseo de la Plaza, #300, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
History, Culture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 19, 10</u>	<u>\$ 60</u>	<u>Banquet</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Kevin Chen
ADDRESS (Business Address Acceptable)
35 West Valley Blvd, Alhambra, CA 91801
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Food

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 19, 10</u>	<u>\$ 70</u>	<u>Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Miguel Contreras Foundation
ADDRESS (Business Address Acceptable) 90057
2404 Wilshire Bl, #514, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 21, 10</u>	<u>\$ 95**</u>	<u>Reception, Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
United Chamber of Commerce
ADDRESS (Business Address Acceptable) 91403
5121 Van Nuys Bl, #208 Sherman Oaks, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 22, 10</u>	<u>\$ 50</u>	<u>Lunch</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: * I presented a certificate ** I did not have dinner.

SCHEDULE D
Income - Gifts

Name

John Chiang

▶ NAME OF SOURCE

Korean Consul General Los Angeles
ADDRESS (Business Address Acceptable) *90016*
3243 Wilshire Blvd. Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
International Affairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>10/1/10</i>	<i>\$ 50</i>	<i>National Day Reception</i>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

Chinese Club of San Marino
ADDRESS (Business Address Acceptable) *91108*
2425 Huntington Dr., San Marino, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cultural

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>11/6/10</i>	<i>\$ 100*</i>	<i>Dinner ticket for wife</i>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

Central Health Plan
ADDRESS (Business Address Acceptable) *91765*
1540 Bridgegate Dr., Diamond Bar, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>11/13/10</i>	<i>\$ 67.20</i>	<i>Newspaper Ad</i>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

Nandy Kajioika
ADDRESS (Business Address Acceptable)
3240 Arden Way, Sacramento, CA 95825
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Enforcement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>11/17/10</i>	<i>\$ 125</i>	<i>King's Ticket and dinner</i>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

Stewart Kim
ADDRESS (Business Address Acceptable) *90025*
1111 Santa Monica Bl, #910, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Finance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>11/29/10</i>	<i>\$ 99</i>	<i>Dinner</i>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

Tavis Smiley
ADDRESS (Business Address Acceptable) *90043*
4434 Crenshaw Bl., Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
media

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>12/2/10</i>	<i>\$ 200</i>	<i>Dinner - me and my wife</i>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: ** I was keynote speaker.*

SCHEDULE D
Income - Gifts

Name
John Chiang

▶ NAME OF SOURCE
Alfred Physicians IPA
 ADDRESS (Business Address Acceptable) 91801
1668 S. Garfield Ave, 2nd Flr. Alhambra, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/11/10</u>	<u>\$ 85</u>	<u>Holiday Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
San Francisco Business Times
 ADDRESS (Business Address Acceptable)
275 Battery St., #940, San Francisco, CA 94111
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Media

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/3/10</u>	<u>\$ 65</u>	<u>Breakfast Event</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Jordan Kaplan
 ADDRESS (Business Address Acceptable)
808 Wilshire Bl #200, Santa Monica, CA 90401
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/9/10</u>	<u>\$ 53</u>	<u>lunch</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Lee Haynes
 ADDRESS (Business Address Acceptable)
2013 N. Kirby Way, Roseville, CA 95661
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Enforcement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/15/10</u>	<u>\$ 300</u>	<u>Laker's Jersey</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Richard McWhorter
 ADDRESS (Business Address Acceptable)
225 S. Lake Ave. Pasadena, CA 91101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/27/10</u>	<u>\$ 100</u>	<u>Dinner</u>
<u>12/16/10</u>	<u>\$ 100</u>	<u>Dinner</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Robert Liri
 ADDRESS (Business Address Acceptable) 91748
1825 E. Gale Ave. #140 City of Industry, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Doctor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/22/10</u>	<u>\$ 150* (est)</u>	<u>Chippie's Ticket</u>
___/___/___	\$ _____	<u>and dinner</u>
___/___/___	\$ _____	_____

Comments: * Multiple inquiries about gift value were made.

SCHEDULE D
Income - Gifts

Name

John Chiang

▶ NAME OF SOURCE
Garfield Medical Center

ADDRESS (Business Address Acceptable) 91754
525 N. Garfield Ave. Monterey Park, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/12/10</u>	<u>\$ 150</u>	<u>Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
The California Museum for History, Women and *the Arts*

ADDRESS (Business Address Acceptable) 1200 O Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/14/10</u>	<u>\$ 50⁰⁰ (est)</u>	<u>Hall of Fame Gala</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: * Multiple inquiries about gift value have been made.

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

Name
 John Chiang

- 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
Aspen Institute
 ADDRESS (Business Address Acceptable)
1000 North Third Street
 CITY AND STATE
Aspen, CO 81611
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Educational
 DATE(S): 7 / 5 / 10 - 7 / 6 / 10 AMT: \$ 550.00
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Airline Ticket to Speak at Conference.
Ticket was not used; travel cancelled because of STATE budget crisis

▶ 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: _____