

COVER PAGE

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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Sadana	Gurbinder		()		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
300 Capitol Mall, Suite 1850		Sacramento	CA	95814	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Citizens' Financial Accountability Oversight Committee

Division, Board, District, if applicable:

Your Position:
Committee Member

▶ 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)

- State
- County of _____
- City of _____
- Multi-County _____
- Other _____

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

- Assuming Office/Initial Date: ____/____/____
- 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: 5
- ▶ 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 Yes - schedule attached
Income - Gifts
 - Schedule E 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 5/10/2010
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name
Dr. Gurbinder Sadana

▶ NAME OF BUSINESS ENTITY
Chapral Medical Group

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Multi-Specialty Medical Practices

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 of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY
Internal Medicine Associates

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Real Estate

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 of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY
Internal Medicine Medical Group

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Medical Practice

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 of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY
Ram Prasad Properties

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Real Estate

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 of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY
Prospect Medical

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
 Stock Other _____ (Describe)
 Partnership Income of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY
Pension Multiple

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Public Traded 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 of \$0 - \$500
 Income Received of \$500 or More (Report on Schedule C)

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

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Dr. Gurbinder Sadana

► STREET ADDRESS OR PRECISE LOCATION
Internal Medicine Associates

CITY
Pomona, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/09 _____/_____/09
 \$10,001 - \$100,000 _____/_____/09 _____/_____/09
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION
Ram Prasad Properties

CITY
Pomona, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/09 _____/_____/09
 \$10,001 - \$100,000 _____/_____/09 _____/_____/09
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions 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 _____

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="text-align: center;">Dr. Gurbinder Sadana</div>

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Pomona Valley Hospital Medical Center

ADDRESS (Business Address Acceptable)
1798 N. Garey Ave, Pomona, CA 91767

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Director, Critical Care Services

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)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Gurbinder Sadana, Inc.

ADDRESS (Business Address Acceptable)
Pomona, CA 91767

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical Practice (Owner)

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: _____