# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received

rease t	ype or print in ink.	
IAME OF	(2.101)	EURBINDER S.
. Offic	ce, Agency, or Court	XURBINDER S.
	cy Name _	
	CFAOC	MEMBER
Divisio	on, Board, Department, District, if applicable	Your Position
► If fi	ling for multiple positions, list below or on an attachment.	
Agend	y:	Position:
. Juri	sdiction of Office (Check at least one box)	
St		☐ Judge (Statewide Jurisdiction)
☐ Mu	ulti-County	County of
☐ Cit	y of	Other
Type	of Statement (Check at least one box)	
	nnual: The period covered is January 1, 2010, through December 31	Leaving Office: Data Left
20	110or-	Check one)
	The period covered is/, through December 31, 2010.	<ul> <li>The period covered is January 1, 2010, through the date of leaving office.</li> </ul>
☐ As	ssuming Office: Date/	The period covered is/ through the date of leaving office.
Ca	andidate: Election Year Office sought, if diffi	erent than Part 1:
Sche	edule Summary	-7
Check	applicable schedules or "None."	Total number of pages including this cover page:
₽ Sc		Schedule C - Income, Loans, & Business Positions - schedule attached
	hedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
Sc	hedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
	-or-	
	□ None - No reportable interes	its on any schedule
Verific	cation	
	ADDRESS s or Agency Address Recommended - Public Document)	
III.		
DAYTIME	TELEPHONE NUMBER	E-MAIL ADDRESS a
I have u	used all reasonable diligence in preparing this statement. I have review and in any attached schedules is true and complete. I acknowledge the	ed this stagement and to the best of my knowledge the information contained his is a public document
	under penalty of perjury under the laws of the State of Californi	
	Anor: 1 7 H 2011	nature

## 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	
	-

GURBINATER S. SADANA, MO	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
STORKS	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT   ▼ Stock	NATURE OF INVESTMENT
(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE.	IF APPLICABLE, LIST DATE:
//_10	//_10// 10
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
CONSTRUCTION OF THE PROPERTY O	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other
Partnership O Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE LIST DATE
1000 CONTROL C	IF APPLICABLE, LIST DATE:
	/ <u>/ 10</u> / <u>10</u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INCOME.
Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
50 C WE	No. 20 At April 20 Co.
//10/10	
DISPUSED	ACQUIRED DISPOSED
Comments:	8

## 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
A.

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
CHAPRAL MEDICAL GROUP	
	Name *
1866 N. ORANGE GROVE POMONA 917	
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PHYSICIAN MEDICAL GROUP	SERENCE DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000/
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship Partnership S-CORP	Sole Proprietorship Partnership
YOUR BUSINESS POSITION SHAREH OLDER	YOUR BUSINESS POSITION
≥ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 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
\$0 - \$499	\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  CHAPRRAL MEDICAL GROWP	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
CHAIRING FILDICAL GROW	
9 <del>-7-30</del>	
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE
BUSINESS ENTITY OR TRUST	BUSINESS ENTITY OR TRUST
Check one box.  INVESTMENT REAL PROPERTY	Check one box:
	☐ INVESTMENT ☐ REAL PROPERTY
NONE	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
<sup>0</sup> <sup>0</sup>	
	2
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE
\$10,001 - \$100,000/	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Yrs. remaining
are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	EDDC Form 700 (2040/2044) Seb. A 2

## SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	TO THE OWNER OF
Name	

	11
	CITY
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     10,001 - \$1,000,000     ACQUIRED   DISPOSED      Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Cher
F RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater nterest, list the name of each tenant that is a single source of ncome of \$10,000 or more.	SOURCES OF RENTAL INCOME. If you own a 10% or greater interest, list the name of each tenant that is a single source income of \$10,000 or more.
f business on terms available to members of the p	public without regard to your official status. Personal loa
f business on terms available to members of the p nd loans received not in a lender's regular course	public without regard to your official status. Personal loa
f business on terms available to members of the p nd loans received not in a lender's regular course	oublic without regard to your official status. Personal loa of business must be disclosed as follows:
t business on terms available to members of the p nd loans received not in a lender's regular course AME OF LENDER*	oublic without regard to your official status. Personal loa of business must be disclosed as follows:
t business on terms available to members of the p nd loans received not in a lender's regular course  AME OF LENDER*  DDRESS (Business Address Acceptable)	oublic without regard to your official status. Personal load of business must be disclosed as follows:  NAME OF LENDER*
t business on terms available to members of the p nd loans received not in a lender's regular course  AME OF LENDER*  DDRESS (Business Address Acceptable)  USINESS ACTIVITY, IF ANY, OF LENDER	oublic without regard to your official status. Personal load of business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
t business on terms available to members of the p nd loans received not in a lender's regular course  AME OF LENDER*  DDRESS (Business Address Acceptable)  USINESS ACTIVITY, IF ANY, OF LENDER	obublic without regard to your official status. Personal load of business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
t business on terms available to members of the pind loans received not in a lender's regular course  IAME OF LENDER*  DDRESS (Business Address Acceptable)  USINESS ACTIVITY, IF ANY, OF LENDER  NTEREST RATE  TERM (Months/Years)  None	Dublic without regard to your official status. Personal load 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)
t business on terms available to members of the pind loans received not in a lender's regular course  IAME OF LENDER*  DDRESS (Business Address Acceptable)  USINESS ACTIVITY, IF ANY, OF LENDER  ITEREST RATE  TERM (Months/Years)  WIGHEST BALANCE DURING REPORTING PERIOD	Dublic without regard to your official status. Personal load 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)
t business on terms available to members of the pind loans received not in a lender's regular course  IAME OF LENDER*  DDRESS (Business Address Acceptable)  USINESS ACTIVITY, IF ANY, OF LENDER  ITEREST RATE TERM (Months/Years)  Whone  IGHEST BALANCE DURING REPORTING PERIOD  \$1,001 - \$1,000	Dublic without regard to your official status. Personal load of business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  Whom TERM (Months/Years)  None
INTEREST RATE  TERM (Months/Years)  WIGHEST BALANCE DURING REPORTING PERIOD	Dublic without regard to your official status. Personal load 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)  ———————————————————————————————————
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  NTEREST RATE  When the pand loans received not in a lender's regular course and loans received not in a lender's rec	NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
POMONA VALLEY HOSPITAL  ADDRESS (Business Address Acceptable) CAL CENTER	CHAPRRAL MEDICAL GAROUF  ADDRESS (Business Address Acceptable)  ORANGE GROVE, POMONA, 91767
ADDRESS (Business Address Acceptable) LAL CENTER	ADDRESS (Business Address Acceptable)
N. GAREYAVE POMONA, CA, 9176; BUSINESS ACTIVITY, IF ANY, OF SOURCE	ORANGE GROVE, POMONA, 91767
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	PHYSICIAN GROUP  YOUR BUSINESS POSITION
MEDICAL DIRECTOR (RITICAL CARE	SHARE HOLDER
CEDILLE	Contract of the Contract of th
GROSS INCOME RECEIVED 57-K VI CICS  \$500 - \$1,000 \$1,001 - \$10,000	GROSS INCOME RECEIVED  \$500 - \$1,000 \$1,004 \$10,000
S10,001 - \$100,000 OVER \$100,000	\$500 - \$1,000 \$1,000 \$1,000 \$10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	Sale of
(Property car boat etc.)	(Property, car, boal, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other	
(Describe)	Other(Describe)
a	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	OD IN THE STREET OF TAXABLE PRINCES AND A SECOND OF
of a retail installment or credit card transaction, made	your official status. Personal loans and loans received
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	_
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	City
S10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)
Comments:	
Comments:	

## SCHEDULE D Income - Gifts

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	the little of the little of
Name	×

NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
AME OF SOURCE	► NAME OF SOURCE
DDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
USINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE . DESCRIPTION OF GIFT(S)
	\$
	/ \$
AME OF SOURCE	▶ NAME OF SOURCE
DDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
USINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

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

CALIFORNIA FORM	The second second
Name	

- · 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	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/	DATE(S)/
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S)://	DATE(S)://
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION	DESCRIPTION:
Comments:	