

the date of leaving office.

Election Year: _

Candidate

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

A Public Document

lease type of print in link.				
NAME (LAST)	(FIRST)	(MIDDI	E)	DAYTIME TELEPHONE NUMBER
Sadana	Gurbinder			()
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
300 Capitol Mall, Suite 1850	Sacramento	CA	95814	AND CONTRACTOR OF THE STATE OF
1. Office, Agency, or Cou	rt	4. Schedu	le Summar	V
Name of Office, Agency, or Court:		► Total numb		5
Citizens' Financial Accountabilit	v Oversight Committee		his cover page	
Division, Board, District, if applicable		► Check appl	icable schedul	es or "No reportable
Division, Board, Bistrict, ii applicate		interests."	ioabic Scricadi	65 01 110 10 portubio
Your Position:				on one or more of the
Committee Member	, 1	attached sc	_/	Λ.
► If filing for multiple positions, lis	t additional agency(ies)/	Schedule A	-1 ☑ Yes – s (Less than 10% Own	chedule attached
position(s): (Attach a separate			,	
Agency:			-2 ☑ YeS – S (10% or Greater Own	chedule attached
Agency.			/	chedule attached
Position:		Schedule B Real Propert		chedule attached
		Schedule C	Voc	schedule attached
2. Jurisdiction of Office	Check at least one box)	Income, Loa	ns, & Business P	OSITIONS (Income Other than Gifts
■ State	onesk at least one sex)	and Travel Pay	ments)	
County of		Schedule D		schedule attached
•		income – Gi		
City of	1	Schedule E	. ☐ Yes – s fts – Travel Paym	schedule attached
Multi-County	1	income – Gr	,	
Other			-or	-
		☐ No repo	rtable interests	on any schedule
3. Type of Statement (Ch	eck at least one box)			A COLON WATER CONTRACTOR CONTRACT
☐ Assuming Office/Initial D	ate:/	5. Verificat	ion	*
Annual: The period covered is	s January 1, 2009,	l have used	all reasonable	e diligence in preparing this
through December 31, 2009.		statement. I	have reviewed	this statement and to the best
O The period covered is	/ / through		lge the informat edules is true ar	ion contained herein and in any
December 31, 2009.	, trilough			
Leaving Office Date Left:				ury under the laws of the State oing is true and correct.
(Check one)		o. Jamoina	and the folloge	/ /
O The period covered is Janu	ary 1, 2009, through the		5/	10/2010
date of leaving office.	-2-	Date Signed		(month, day, year)
O The period covered is	/ / through			
The period covered is	, unougn	1 22		

Signature _

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 OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Chapral Medical Group	Internal Medicine Associates
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Multi-Specialty Medical Practices	Real Estate
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 X Over \$1,000,000	\$100,001 - \$1,000,000 X Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income of \$0 - \$500	Partnership O Income of \$0 - \$500
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:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY Ram Prasad Properties
Internal Medicine Medical Group	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Medical Practice	Real Estate
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,000 \$10,000 \$1,000,000
\$100,001 - \$1,000,000 X Over \$1,000,000	S \$100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
(Describe) Rartnership Income of \$0 - \$500	Partnership O Income of \$0 - \$500
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISFOSED	ACQUINED BISI COLD
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Prospect Medical	Pension Multiple
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	Public Traded Stocks
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 X Over \$1,000,000	▼ \$100,001 - \$1,000,000 ☐ Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other(Describe)
(Describe) Partnership (Income of \$0 - \$500)	Partnership () Income of \$0 - \$500
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:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments	• •

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

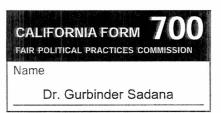
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Dr. Gurbinder Sadana

(Ownership Interest is 10% or Greater)

► 1. BUSINESS ENTITY OR TRUST	1. BUSINESS ENTITY OR TRUST
Chapral Medical Group	Internal Medicine Medical Group
Name Pomona, CA 91767	Name Pomona, CA 91767
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY Medical Practice	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INVESTMENT Sole Proprietorship Partnership Stocks Other YOUR BUSINESS POSITION	NATURE OF INVESTMENT Sole Proprietorship YOUR BUSINESS POSITION NATURE OF INVESTMENT Partner Other
➤ 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	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) \$0 - \$499 \$10,001 - \$100,000
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$1,001 - \$10,000	☐ \$500 - \$1,000 🔀 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 DR 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	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	□ INVESTMENT □ REAL PROPERTY
Ram Prasad Properties	Haven Hospital, Inc.
Name of Business Entity <u>or</u> 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
Description of Business Activity or City or Other Precise Location 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	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST ☐ Property Ownership/Deed of Trust ☐ Stock ☒ Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:_

SCHEDULE B Interests in Real Property (Including Rental Income)



STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
Internal Medicine Associates	Ram Prasad Properties
CITY	CITY
Pomona, CA	Pomona, CA
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 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 Other
IF 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
S10.001 - \$100,000 OVER \$100,000	\$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	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.
income of \$10,000 or more.	
You are not required to report loans from commercia	al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans
You are not required to report loans from commercial of business on terms available to members of the p	al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans
You are not required to report loans from commercial of business on terms available to members of the pland loans received not in a lender's regular course	al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans of business must be disclosed as follows:
You are not required to report loans from commercial of business on terms available to members of the pland loans received not in a lender's regular course NAME OF LENDER*	al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans of business must be disclosed as follows:
You are not required to report loans from commercia of business on terms available to members of the p and loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable)	al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from commercia of business on terms available to members of the p and loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
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You are not required to report loans from commercia of business on terms available to members of the p and loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

	FORNIA FORM 700 OLITICAL PRACTICES COMMISSION
Name	
	Dr. Gurbinder Sadana

NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Pomona Valley Hospital Medical Center	Gurbinder Sadana, Inc.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1798 N. Garey Ave, Pomona, CA 91767	Pomona, CA 91767
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Director, Critical Care Services	Medical Practice (Owner)
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION .
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
☐ \$10,001 - \$100,000 🔀 OVER \$100,000	☐ \$10,001 - \$100,000 ☑ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
	▼ Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of	☐ Sale of
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, 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)
, postane,	
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD
	Llending institutions, or any indebtedness created as part
	I lending institutions, or any indebtedness created as part e in the lender's regular course of business on terms
of a retail installment or credit card transaction, mad available to members of the public without regard to	e in the lender's regular course of business on terms your official status. Personal loans and loans received
of a retail installment or credit card transaction, mad	e in the lender's regular course of business on terms your official status. Personal loans and loans received
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