## SCHEDULE D Income - Gifts

FPPC Form 700 Amendment (2009/2010) Sch. D FPPC Toll-Free Helpline: 866/ASK-FPPC

NAME OF SOUR		Lus Myeles	► NAME OF SOURCE	
NETIONS / ASSUCICTION OF NUMER BUSINESS OWNERS			ADDRESS (Business Address Acceptable)	
900 Wilshir	e Blvd, #4	104 LOS ANTE 18 (14 90017		
			BUSINESS ACTIVITY, IF ANY, OF SOURCE	
BUSINESS DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
3/13/09	s_ 65	Awards Luncheon	\$	
	\$	-	\$	
	\$			
NAME OF SOUR	CE	Research Center	► NAME OF SOURCE	
Korcan Heal	th Educat	ivis Information and		
ADDRESS (Business Address Acceptable)			ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE			BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Health Car	re			
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
10/28/09	s_72_	Awards Minner		
	\$	- I		
	\$		s	
NAME OF SOUR	CE		Verification	
			Print Name John Chiang	
ADDRESS (Busine	ess Address Accep	otable)	Office, Agency STATE Controller's Office	
BUSINESS ACTIV	ITY, IF ANY, OF S	SOURCE	Statement Type X 2009/2010 Annual Assuming Leaving	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	(yr)	
			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.	
	s		Date Signed 4/2///0	
			Sig	
Comments:				