

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
 Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Chiang John

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Treasurer's Office

Division, Board, Department, District, if applicable

Your Position

Treasurer

RECEIVED

MAR 01 2016

Treasurer-Executive Los Angeles Office
 State of California

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of _____

Other _____

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

Annual: The period covered is January 1, 2015, through December 31, 2015.

Leaving Office: Date Left ____/____/____
 (Check one)

-or-

The period covered is ____/____/____, through December 31, 2015.

The period covered is January 1, 2015, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/____

The period covered is ____/____/____, through the date of leaving office.

Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 28

Schedules attached

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 300 S. Spring Street Los Angeles CA 90013
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (213) 620-4467

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 March 1, 2016
 (month, day, year)

Signature [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.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>John Chiang</u>

▶ NAME OF BUSINESS ENTITY
Dunn Edwards*

GENERAL DESCRIPTION OF THIS BUSINESS
Paint

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 Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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 Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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 Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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 Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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 Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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 Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

Comments: *Spouse ESOP

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 John Chiang

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Kusha Inc.

ADDRESS (Business Address Acceptable)
 11130 Warland Dr, Cypress, CA 90630

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Food

YOUR BUSINESS POSITION
 Marketing

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
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

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: _____

SCHEDULE D
Income – Gifts

Name
John Chiang

▶ NAME OF SOURCE (Not an Acronym)
American Israel Public Affairs Committee

ADDRESS (Business Address Acceptable)
P.O. Box 351389, Los Angeles, CA 90035

BUSINESS ACTIVITY, IF ANY, OF SOURCE
International Affairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 11 / 15</u>	<u>\$ 150.00</u>	<u>2015 Valley Annual</u>
<u> / / </u>	<u>\$</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Peter Chang

ADDRESS (Business Address Acceptable)
3720 Rancho California Road, Temecula, CA 92591

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Wine

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 13 / 15</u>	<u>\$ 138.00</u>	<u>Wine</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
United Association Local 250

ADDRESS (Business Address Acceptable)
18355 S. Figueroa Street, Gardena, CA 90248

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 15 / 15</u>	<u>\$ 75.00</u>	<u>Martin Luther King, Jr.</u>
<u> / / </u>	<u>\$</u>	<u>Labor Breakfast</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
City of Hope

ADDRESS (Business Address Acceptable)
1500 E. Duarte Road, Duarte, CA 91010-3000

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 16 / 15</u>	<u>\$ 47.35</u>	<u>Lunch-Robert Stone</u>
<u> / / </u>	<u>\$</u>	<u>President & CEO</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Christine Young

ADDRESS (Business Address Acceptable)
433 Airport Boulevard #330, Burlingame, CA 94010

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 23 / 15</u>	<u>\$ 78.00</u>	<u>2014 New Year</u>
<u> / / </u>	<u>\$</u>	<u>Welcome Party</u>
<u>09 / 16 / 15</u>	<u>\$ 37.00</u>	<u>Candy</u>

▶ NAME OF SOURCE (Not an Acronym)
Asian Pacific Islander Public Affairs Association

ADDRESS (Business Address Acceptable)
4000 Truxel Road, Suite 3, Sacramento, CA 95834

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 28 / 15</u>	<u>\$ 24.50</u>	<u>Capitol Reception</u>
<u>02 / 28 / 15</u>	<u>\$ 48.00</u>	<u>Tri-Valley Chapter</u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 John Chiang

▶ NAME OF SOURCE (Not an Acronym)
 Los Angeles Chamber of Commerce

ADDRESS (Business Address Acceptable)
 350 S. Bixel Street, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Business Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 29 / 15	\$ 175.00	2015 Inaugural Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 John Chiang

▶ NAME OF SOURCE (Not an Acronym)
 California Democratic Party

ADDRESS (Business Address Acceptable)
 1830 9th Street, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Politics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 03 / 15	\$ 144.39	Assembly Democratic
___ / ___ / ___	\$ _____	Caucus - Summit
___ / ___ / ___	\$ _____	Dinner

▶ NAME OF SOURCE (Not an Acronym)
 NAST Foundation

ADDRESS (Business Address Acceptable)
 P.O. Box 11910, Lexington, KY 40578

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 15	\$ 46.93	NPIF Dinner
07 / 26 / 15	\$ 65.00	NPIF Welcome Dinner
07 / 27 / 15	\$ 96.00	NPIF Reception&Dinnr

▶ NAME OF SOURCE (Not an Acronym)
 California Asian Pacific Chamber of Commerce

ADDRESS (Business Address Acceptable)
 2012 H Street, Suite 101, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Business advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 10 / 15	\$ 50.00	Private Dinner
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE (Not an Acronym)
 UCLA Ziman Center for Real Estate

ADDRESS (Business Address Acceptable)
 110 Westwood Plaza #B100 Los Angeles, CA 90095

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Research

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 11 / 15	\$ 26.55	Center's Campaign
___ / ___ / ___	\$ _____	Launch
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE (Not an Acronym)
 Hudson Pacific Properties, Inc.

ADDRESS (Business Address Acceptable)
 11601 Wilshire Blvd., Los Angeles, CA 90025

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 11 / 15	\$ 35.45	UCLA Ziman Center
___ / ___ / ___	\$ _____	Campaign Launch
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE (Not an Acronym)
 Worthe Real Estate Group

ADDRESS (Business Address Acceptable)
 100 Wilshire Blvd. #1660 Santa Monica, CA 90401

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 11 / 15	\$ 35.31	UCLA Ziman Center
___ / ___ / ___	\$ _____	Campaign Launch
___ / ___ / ___	\$ _____	

Comments: _____

SCHEDULE D
Income – Gifts

Name
 John Chiang

▶ NAME OF SOURCE (Not an Acronym)
 Douglas Emmett, Inc.

ADDRESS (Business Address Acceptable)
 808 Wilshire Blvd., 2nd Fl., Santa Monica, CA 90401

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 11 / 15	\$ 34.45	UCLA Ziman Center
___ / ___ / ___	\$ _____	Campaign Launch
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Valley Industry and Commerce*

ADDRESS (Business Address Acceptable)
 5121 Van Nuys Bl. #208, Sherman Oaks, CA 91403

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Business advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 20 / 15	\$ 200.00	Annual State Office -
___ / ___ / ___	\$ _____	holders Dinner (2)
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Bill Wong

ADDRESS (Business Address Acceptable)
 P.O. Box 188858, Sacramento, CA 95818

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Consulting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 23 / 15	\$ 23.07	Asian Pacific Islander
___ / ___ / ___	\$ _____	Caucus Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Imprenta

ADDRESS (Business Address Acceptable)
 300 S. Raymond Ave., #9, Pasadena, CA 91105

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Public Affairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 23 / 15	\$ 15.38	API Caucus Dinner
09 / 22 / 15	\$ 25.00	INC 500 Reception
09 / 22 / 15	\$ 55.00	INC 500 Dinner

▶ NAME OF SOURCE (Not an Acronym)
 Fox Entertainment Group, Inc.

ADDRESS (Business Address Acceptable)
 2121 Avenue of the Stars, Los Angeles, CA 90067

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 23 / 15	\$ 49.92	Asian Pacific Islander
___ / ___ / ___	\$ _____	Caucus Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Tri-County Association of Latino Elected Officials **

ADDRESS (Business Address Acceptable)
 21 - B Carr Street, Watsonville, CA 95076

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Public Policy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 28 / 15	\$ 11.00	Sumit-Breakfast
02 / 28 / 15	\$ 35.00	Bottle of wine
___ / ___ / ___	\$ _____	_____

Comments: *I participated in the Q & A **I was the featured speaker

SCHEDULE D
Income – Gifts

Name
 John Chiang

▶ NAME OF SOURCE (Not an Acronym)
 Golden State Warriors*

ADDRESS (Business Address Acceptable)
 1011 Broadway, Oakland, CA 94607-4027

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Sports

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 04 / 15	\$ 85.00	Food & ticket
03 / 04 / 15	\$ 180.00	Jersey
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Harry Tsao

ADDRESS (Business Address Acceptable)
 1134 Rancho Road, Arcadia, CA 91006

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Entrepreneur

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 04 / 15	\$ 400.00	Flight from Oakland to
___ / ___ / ___	\$ _____	El Monte
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 KHTS Radio**

ADDRESS (Business Address Acceptable)
 24320 Main Street, Newhall, CA 91321

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Radio

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 16 / 15	\$ 75.00	Annual Road Trip to
___ / ___ / ___	\$ _____	Sacramento Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Indo-American Community Federation***

ADDRESS (Business Address Acceptable)
 719 Boar Circle, Fremont, CA 94539

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 20 / 15	\$ 80.00	Unity Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Asian Pacific American Bar Association****

ADDRESS (Business Address Acceptable)
 c/o333 S. Hope St. 43rd Fl. Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Legal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 27 / 15	\$ 63.00	Installation Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: *Jersey presentation **I spoke ***I introduced one of the honorees, State Controller Betty Yee ****I was the dinner keynote speaker

SCHEDULE D
Income – Gifts

Name
John Chiang

▶ NAME OF SOURCE (Not an Acronym)
California Labor Federation, AFL-CIO

ADDRESS (Business Address Acceptable)
1127 11th Street, #425, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 13 / 15</u>	<u>\$ 60.00</u>	<u>Legislative Conference</u>
<u> / / </u>	<u>\$</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Consulate General of Canada

ADDRESS (Business Address Acceptable)
550 S. Hope St. 9th Fl. Los Angeles CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Diplomatic relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 14 / 15</u>	<u>\$ 21.50</u>	<u>Lunch w/Tony Clement</u>
<u>04 / 27 / 15</u>	<u>\$ 41.00</u>	<u>Dinner-Milken Conf.</u>
<u>11 / 20 / 15</u>	<u>\$ 22.00</u>	<u>Breakfast-Minister</u>

▶ NAME OF SOURCE (Not an Acronym)
Marvin Putnam

ADDRESS (Business Address Acceptable)
1999 Ave. of the Stars 7th Fl. Los Angeles, CA 90067

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 15 / 15</u>	<u>\$ 49.00</u>	<u>Georgetown Law</u>
<u> / / </u>	<u>\$</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Kary Antholis

ADDRESS (Business Address Acceptable)
2500 Broadway Santa Monica CA 90404-3065

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 15 / 15</u>	<u>\$ 49.00</u>	<u>Georgetown Law</u>
<u> / / </u>	<u>\$</u>	<u>Center</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Los Angeles Business Council*

ADDRESS (Business Address Acceptable)
2029 Century Park E. #1240 Los Angeles, CA 90067

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy and Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 23 / 15</u>	<u>\$ 73.00</u>	<u>VIP Reception</u>
<u>04 / 24 / 15</u>	<u>\$ 18.00</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Consulate General of Israel

ADDRESS (Business Address Acceptable)
11766 Wilshire Bl. #1600 Los Angeles CA 90025

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Diplomatic relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 23 / 15</u>	<u>\$ 25.00</u>	<u>Independence Day</u>
<u>11 / 22 / 15</u>	<u>\$ 75.00</u>	<u>FiestaShalomDinner**</u>
<u>12 / 07 / 15</u>	<u>\$ 27.99</u>	<u>Book</u>

Comments: *I was an award recipient at the VIP reception and a keynote speaker at the summit **I made brief remarks

SCHEDULE D
Income – Gifts

Name
John Chiang

▶ NAME OF SOURCE (Not an Acronym)
California Professional Firefighters

ADDRESS (Business Address Acceptable)
1740 Creekside Oaks Drive, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 29 / 15</u>	<u>\$ 48.27</u>	<u>Lobby Day Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 John Chiang

▶ NAME OF SOURCE (Not an Acronym)
 Association of Water Agencies

ADDRESS (Business Address Acceptable)
 910 K Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Water Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 06 / 15	\$ 55.00	Spring Conference
___ / ___ / ___	\$ _____	Luncheon
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE (Not an Acronym)
 Triple 8 Restaurant Bar & Grill

ADDRESS (Business Address Acceptable)
 800 W. Olympic Boulevard, Los Angeles, CA 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Restaurant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 15	\$ 70.00	Grand Opening
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE (Not an Acronym)
 Capitol Commission

ADDRESS (Business Address Acceptable)
 P.O. Box 13188 Sacramento, CA 95813

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Faith Based

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 21 / 15	\$ 50.00	Annual Prayer
___ / ___ / ___	\$ _____	Breakfast
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE (Not an Acronym)
 Asian Pacific American Women Lawyers Alliance

ADDRESS (Business Address Acceptable)
 c/o 655 S. Flower St. #152, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Professional organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 29 / 15	\$ 75.00	Inaugural Installation
___ / ___ / ___	\$ _____	Dinner
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

Comments: _____

SCHEDULE D
Income – Gifts

Name
John Chiang

▶ NAME OF SOURCE (Not an Acronym)
American Council for Energy-Efficient Economy
 ADDRESS (Business Address Acceptable)
529 14th St. NW #600 Washington, DC 20045-1000
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 02 / 15</u>	<u>\$ 76.00</u>	<u>Forum-Lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Peter Zen
 ADDRESS (Business Address Acceptable)
404 S. Figueroa Street, Los Angeles, CA 90071
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business owner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 05 / 15</u>	<u>\$ 75.00</u>	<u>Dinner</u>
<u>12 / 31 / 15</u>	<u>\$ 250.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Lori and Miguel Ferrer
 ADDRESS (Business Address Acceptable)
1232 Georgina Avenue, Santa Monica, CA 90402
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 14 / 15</u>	<u>\$ 75.00</u>	<u>"America's Voices in</u>
<u> / / </u>	<u>\$ </u>	<u>Israel" Get Together</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CA Asian Pacific Islander Caucus
 ADDRESS (Business Address Acceptable)
P.O. Box 94289 Sacramento, CA 94249-0037
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 23 / 15</u>	<u>\$ 49.00</u>	<u>Capitol Academy</u>
<u> / / </u>	<u>\$ </u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Los Angeles County Bar Association
 ADDRESS (Business Address Acceptable)
1055 W. 7th Street, Los Angeles, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 25 / 15</u>	<u>\$ 97.59</u>	<u>Installation Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name

John Chiang

▶ NAME OF SOURCE *(Not an Acronym)*
OCA - Asian Pacific American Advocates

ADDRESS *(Business Address Acceptable)*
1322 18th St. NW Washington, DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 02 / 15	\$ 190.95	Conference-Welcome
___ / ___ / ___	\$ _____	Reception
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Georgetown University Law Center

ADDRESS *(Business Address Acceptable)*
600 New Jersey Ave. NW Washington, DC 20001

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 20 / 15	\$ 60.00	Alumni Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Greg Sun

ADDRESS *(Business Address Acceptable)*
801 S. Figueroa St. #1800 Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hotel

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 21 / 15	\$ 87.20	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
John Segal

ADDRESS *(Business Address Acceptable)*
300 S. Spring Street 2nd Fl. Los Angeles, CA 90013

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Associate Justice

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 24 / 15	\$ 29.25	Justice John Segal
___ / ___ / ___	\$ _____	Swearing-in and
___ / ___ / ___	\$ _____	Reception

▶ NAME OF SOURCE *(Not an Acronym)*
Ellen Graff

ADDRESS *(Business Address Acceptable)*
360 N. Bedford Drive, Beverly Hills, CA 90210

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Psychologist

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 24 / 15	\$ 29.25	Justice John Segal
___ / ___ / ___	\$ _____	Swearing-in and
___ / ___ / ___	\$ _____	Reception

▶ NAME OF SOURCE *(Not an Acronym)*
Roger Segal

ADDRESS *(Business Address Acceptable)*
3 Greenview Way, Montclair NJ 07043

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial advisor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 24 / 15	\$ 29.25	Justice John Segal
___ / ___ / ___	\$ _____	Swearing-in and
___ / ___ / ___	\$ _____	Reception

Comments: _____

SCHEDULE D
Income – Gifts

Name
 John Chiang

▶ NAME OF SOURCE (Not an Acronym)
 Pepperdine University

ADDRESS (Business Address Acceptable)
 24255 Pacific Coast Highway, Malibu, CA 90263

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 26 / 15	\$ 60.00	NIPF Welcome Dinner
07 / 27 / 15	\$ 60.00	NIPF Reception/Dinne
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
John Chiang

▶ NAME OF SOURCE (Not an Acronym)
Vizio

ADDRESS (Business Address Acceptable)
39 Tesla, Irvine, CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Electronics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 28 / 15</u>	\$ <u>15.00</u>	<u>Lunch</u>
<u>08 / 28 / 15</u>	\$ <u>15.00</u>	<u>Pen</u>
<u>08 / 28 / 15</u>	\$ <u>13.98</u>	<u>Blanket</u>

▶ NAME OF SOURCE (Not an Acronym)
Vizio

ADDRESS (Business Address Acceptable)
39 Tesla, Irvine, CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Electronics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 28 / 15</u>	\$ <u>6.98</u>	<u>Flash Drive</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Chinese Chamber of Commerce

ADDRESS (Business Address Acceptable)
977 N. Broadway, G/F #E Los Angeles CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 28 / 15</u>	\$ <u>60.00</u>	<u>Installation Ceremony</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
AFSCME Local 2620

ADDRESS (Business Address Acceptable)
2150 River Plaza Dr. #275 Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 12 / 15</u>	<u>\$ 60.80</u>	<u>Convention-Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Bob Cendejas

ADDRESS (Business Address Acceptable)
1725 N. Juliet Court, Brea, CA 92821

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 16 / 15</u>	<u>\$ 98.00</u>	<u>Hollywood Bowl Ticket</u>
<u>09 / 16 / 15</u>	<u>\$ 20.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Equality California

ADDRESS (Business Address Acceptable)
202 W. 1st St. #3-0130 Los Angeles CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 19 / 15</u>	<u>\$ 150.00</u>	<u>Los Angeles Awards</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Indo American Community of West Coast

ADDRESS (Business Address Acceptable)
11040 Bollinger Cyn.Rd#E-154 SanRamonCA94582

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 27 / 15</u>	<u>\$ 65.00</u>	<u>Book</u>
<u>09 / 27 / 15</u>	<u>\$ 7.00</u>	<u>Refreshments</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
The Aspen Institute

ADDRESS (Business Address Acceptable)
1 Dupont Cir., NW #700 Washington, DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 28 / 15</u>	<u>\$ 7.89</u>	<u>Breakfast</u>
<u>09 / 28 / 15</u>	<u>\$ 31.08</u>	<u>Lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 John Chiang

▶ NAME OF SOURCE (Not an Acronym)
 Vickey Mense

ADDRESS (Business Address Acceptable)
 362 N. Cannon Drive, Beverly Hills, CA 90210

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Restaurant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 02 / 15	\$ 65.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Assoc. of California Life & Health Insurance Cos.

ADDRESS (Business Address Acceptable)
 1201 K Street, Suite 1820, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 15	\$ 68.13	Annual Round Table
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Los Angeles College Faculty Guild - Local 1521

ADDRESS (Business Address Acceptable)
 3356 Barham Boulevard, Los Angeles, CA 90068

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 16 / 15	\$ 67.00	Conference
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Xianyang Municipal People's Government

ADDRESS (Business Address Acceptable)
 6 WiYangZhongRd.Xianyang,Shaanxi, China 712000

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Local government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 24 / 15	\$ 50.00	Decorative Plate
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 San Diego Housing Federation

ADDRESS (Business Address Acceptable)
 110 West C Street, Suite 1811, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 29 / 15	\$ 80.00	Conference-Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 The Chinese American Council of Sacramento

ADDRESS (Business Address Acceptable)
 P.O. Box 22583, Sacramento, CA 95822

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 30 / 15	\$ 65.00	Gold Mountain
___ / ___ / ___	\$ _____	Celebration
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 John Chiang

▶ NAME OF SOURCE (Not an Acronym)
 Beverly Hills Chamber of Commerce

ADDRESS (Business Address Acceptable)
 9400 S.SantaMonicaBl.2ndFl.BeverlyHills CA 90210

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Business advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 04 / 15	\$ 60.00	Economic Develop-
___ / ___ / ___	\$ _____	ment Council-Lunch
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Dr. Sikun Lan

ADDRESS (Business Address Acceptable)
 22829 Oxnard Street, Woodland Hills, CA 91367

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Online Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 15 / 15	\$ 81.84	Basketball ticket
11 / 15 / 15	\$ 49.95	Food
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 U.S. Pan Pacific American Chamber of Commerce

ADDRESS (Business Address Acceptable)
 1329 18th Street, NW Washington, DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 17 / 15	\$ 70.00	Training Institute
___ / ___ / ___	\$ _____	Reception
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Southern California Edison

ADDRESS (Business Address Acceptable)
 2244 Walnut Grove Avenue, Rosemead, CA 91770

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 23 / 15	\$ 51.60	Meet and Greet Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 John Chiang

▶ NAME OF SOURCE (Not an Acronym)
 Preferred Bank

ADDRESS (Business Address Acceptable)
 325 East Valley Boulevard, Alhambra, CA 91801

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Banking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 15	\$ 150.00	Holiday Party- Dinner
12 / 05 / 15	\$ 200.00	Holiday Party-Concert

▶ NAME OF SOURCE (Not an Acronym)
 Chinese American Dental Society of Southern CA*

ADDRESS (Business Address Acceptable)
 744 W. La Habra Boulevard, Habra, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Professional organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 15	\$ 80.00	Annual Meeting - Banquet

▶ NAME OF SOURCE (Not an Acronym)
 Tina Zhang

ADDRESS (Business Address Acceptable)
 1 ZhongguancunE.Rd.Hiadian,Beijing,China100084

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Investments

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 09 / 15	\$ 120.00	Book

▶ NAME OF SOURCE (Not an Acronym)
 KHEIR Center

ADDRESS (Business Address Acceptable)
 3727 W. 6th Street #210, Los Angeles, CA 90020

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 10 / 15	\$ 55.00	Christmas Dinner
12 / 10 / 15	\$ 13.00	Chocolates

▶ NAME OF SOURCE (Not an Acronym)
 Taiwanese Historical Society

ADDRESS (Business Address Acceptable)
 5335 Colverly Avenue, Temple City, CA 90020

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 22 / 15	\$ 50.00	Lunch party

▶ NAME OF SOURCE (Not an Acronym)
 Lili Luo

ADDRESS (Business Address Acceptable)
 713 West Duarte Road #G233, Arcadia, CA 91007

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 International Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 30 / 15	\$ 300.00	Holiday Gift Card

Comments: *I was a VIP guest and made brief remarks

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name John Chiang
--

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
 FisherCtrforRealEstate&UrbanEconomics-UCBerkeley

ADDRESS (Business Address Acceptable)
 Bakar Faculty Bldg, #602 HaasSchoolofBusiness

CITY AND STATE
 Berkeley, CA 94720

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Education

DATE(S): 04 / 16 / 15 - 04 / 17 / 15 AMT: \$ 1,132.00
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
 4/17 I gave the keynote 4/16 Dinner: \$130.00 Lodging: \$1002.00 Pebble Beach, CA

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

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

Name
 John Chiang

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
 Milken Institute

ADDRESS (Business Address Acceptable)
 1250 4th Street

CITY AND STATE
 Santa Monica, CA 90401

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Public Policy

DATE(S): 04 / 27 / 15 - 04 / 29 / 15 AMT: \$ 216.00
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
 2015 Milken Institute Global Conf, Los Angeles - Meals: 216.00

▶ NAME OF SOURCE (Not an Acronym)
 Milken Institute

ADDRESS (Business Address Acceptable)
 1250 4th Street

CITY AND STATE
 Santa Monica, CA 90401

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Public Policy

DATE(S): 12 / 07 / 15 - 12 / 08 / 15 AMT: \$ 235.40
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
 2015 Milken Institute California Summit, Los Angeles - Meals: \$235.40

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

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

Name
 John Chiang

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
 ChinesePeople'sAssnforFriendshipwForeignCountries
 ADDRESS (Business Address Acceptable)
 1 Taijichang Street
 CITY AND STATE
 Beijing, 100740 China

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 05 / 26 / 16 - 05 / 29 / 16 AMT: \$ 5,435.00
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description
 Attended MOU Sister City Rins w Weinan, China N. Las Vegas, NV, Xi'an Yang, China and Santa Monica, CA. Met with high level officials in Beijing, Shaanxi Province, and Chongqing, China

▶ If Gift, Provide Travel Destination
 Airfare: \$4950.00 Lodging: \$300.00 Lodging: \$185.00 Meals/Ground Transportation - Beijing, Shaanxi Province, Chongqing, China

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ If Gift, Provide Travel Destination

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ If Gift, Provide Travel Destination

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ If Gift, Provide Travel Destination

Comments: _____

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

Name
 John Chiang

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
 RFK Center for Human Rights

ADDRESS (Business Address Acceptable)
 515 Madison Avenue, #718

CITY AND STATE
 New York, NY 10022

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Public Policy

DATE(S): 06 / 14 / 15 - 06 / 17 / 15 AMT: \$ 2,215.64
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
 617 Panelist - Lodging: \$932.44 Airfare: \$458.20 Meals: \$510.00 Ground Trans: \$315.00 Hyannis Port, MA

▶ NAME OF SOURCE (Not an Acronym)
 Georgetown University-Ctr for Retirement Initiatives

ADDRESS (Business Address Acceptable)
 3300 Whitehaven St. NW, Suite 5000

CITY AND STATE
 Washington, D.C. 20007

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Public Policy

DATE(S): 06 / 19 / 15 - ____ / ____ / ____ AMT: \$ 715.26
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 I attended the 2016 Annual Council of State Advisors meeting of which I am a member of the Council

▶ If Gift, Provide Travel Destination _____
 Airfare: \$660 10 Meals: \$55 16 - Washington, D.C.

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name John Chiang

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE *(Not an Acronym)*
Aspen Institute

ADDRESS *(Business Address Acceptable)*
One Dupont Circle NW, Suite 700

CITY AND STATE
Washington, D.C. 20036

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Policy

DATE(S): 07/15/15 - 07/17/15 AMT: \$ 3,147.29
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
Airfare-\$833.70; GroundTiers-\$107.00; Lodging-\$1,333.50; Meals/Materials-\$880.00 - Aspen, CO

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

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

Name
 John Chiang

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
 Aspen Inst. Rodel Fellowships in Public Leadership

ADDRESS (Business Address Acceptable)
 One Dupont Circle, NW 7th Floor

CITY AND STATE
 Washington, D.C. 20036

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Rodel Fellowship Seminar

DATE(S): 08 / 08 / 15 - 08 / 09 / 15 AMT: \$ 1,047.40
 (if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 I was a former Rodel Fellow and participated in the West Coast Pub. Leadership mtgs and discussions

▶ If Gift, Provide Travel Destination _____
 Airfare/Ground Trans: \$438.60; Lodging: \$285.11; Meals: \$90.36; Meeting costs: \$233.33, Portland, OR

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

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

Name
 John Chiang

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- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
 National Association of State Treasurers (NAST)

ADDRESS (Business Address Acceptable)
 449 Lewis Hargett Circle, Suite 290

CITY AND STATE
 Lexington, KY 40503

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 10 / 17 / 15 - 10 / 21 / 15 AMT: \$ 827.74
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Attended the NAST Annual Conf and participated in the Nat'l Institute of Public Finance (NIPF) Board Meeting.

▶ If Gift, Provide Travel Destination _____
 Lodging: \$802.74; Ground Transportation: \$25.00 - Nashville, TN

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

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

Name
John Chiang

- Mark either the gift or income box.
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- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Aspen Institute

ADDRESS (Business Address Acceptable)
One Dupont Circle, NW 7th Floor

CITY AND STATE
Washington, D.C. 20036

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Policy / Leadership

DATE(S): 11/07/15 - 11/09/15 AMT: \$ 1,620.60
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description I participated in the Aspen Institute All Class Reunion

▶ If Gift, Provide Travel Destination _____
Lodging: \$378.00; Meals 1 AV | Entertainment \$765.07; Conf Materials: \$479.93 - Washington, DC

▶ NAME OF SOURCE (Not an Acronym)
West Coast Infrastructure Exchange

ADDRESS (Business Address Acceptable)
308 SW 1st Avenue, Suite 110

CITY AND STATE
Portland, OR 97204

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Infrastructure Policy

DATE(S): 11/12/15 - 11/13/15 AMT: \$ 761.39
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description Participated in the WCX Quarterly Brd mtg & Brd Dev

▶ If Gift, Provide Travel Destination _____
Airfare: \$335.21; Lodging: \$178.84; Meals: \$247.34 - Vancouver, British Columbia, Canada

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

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

Name
 John Chiang

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
 The Hunt Institute

ADDRESS (Business Address Acceptable)
 1000 Park Forty Plaza, Suite 280

CITY AND STATE
 Durham, NC 27713

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Leadership Institute

DATE(S): 12/02/15 - 12/04/15 AMT: \$ 1,807.01
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
I was selected as a Hunt I Kean Leadership Fellow and participated in the Hunt Kean Leadership Fellows - Session 1

▶ If Gift, Provide Travel Destination _____
Airfare: \$411.20; Lodging: \$516.40; Ground Transportation: \$143.22; Meals: \$736.19 - Cary, North Carolina

▶ NAME OF SOURCE (Not an Acronym)
 Jewish Federation of Greater Los Angeles

ADDRESS (Business Address Acceptable)
 6505 Wilshire Boulevard, Suite 1000

CITY AND STATE
 Los Angeles, CA 90048

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy

DATE(S): 12/13/15 - 12/20/15 AMT: \$ 5,769.22
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 CA and City of LA Legislator Delegation Trip to Israel

▶ If Gift, Provide Travel Destination _____
Airfare: \$1523.36; Lodging-Ground Trans/Tour: \$4725.00; Books: \$20.86 - \$500.00 deposit - Israel

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ AMT: \$ _____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ AMT: \$ _____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____