[redacted] 700

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received

Date Initial Filing Received
Official Use Only
MAR 1 2016

Enterprise Compliance Division

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California State Treasurer's Office

RECEIVED
MAR 01 2016
Treasurer-Executive Los Angeles Office

Division, Board, Department, District, if applicable

Your Position
Treasurer

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
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

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

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

-or-

The period covered is ___/___/_____, through December 31, 2015.

☐ **Assuming Office:** Date assumed ___/___/_____

☐ **Leaving Office:** Date Left ___/___/_____ *(Check one)*

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

-or-

○ 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 A-2 - *Investments* – schedule attached
- ☐ Schedule B - *Real Property* – schedule attached
- ☑ Schedule C - *Income, Loans, & Business Positions* – schedule attached
- ☑ Schedule D - *Income – Gifts* – schedule attached
- ☑ Schedule E - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ None – No reportable interests on any schedule

[redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed t[redacted]
herein and in any attached schedules is true and complete. I acknowledge this [redacted]

I certify under penalty of perjury under the laws of the State of California th[redacted]

Date Signed March 1, 2016
(month, day, year)

Signat[redacted]

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**

Name: John Chiang

▶ NAME OF BUSINESS ENTITY: Dunn Edwards*

GENERAL DESCRIPTION OF THIS BUSINESS: Paint

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 15 ACQUIRED ___/___/ 15 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 ACQUIRED ___/___/ 15 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 ACQUIRED ___/___/ 15 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 ACQUIRED ___/___/ 15 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 ACQUIRED ___/___/ 15 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 ACQUIRED ___/___/ 15 DISPOSED

Comments: *Spouse ESOP

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

CALIFORNIA FORM **700**

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: _____

CALIFORNIA FORM **700**

Name: John Chiang

SCHEDULE D
Income – Gifts

▶ 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)
01 / 11 / 15	$ 150.00	2015 Valley Annual
/ /	$	Dinner
/ /	$	

▶ 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)
01 / 13 / 15	$ 138.00	Wine
/ /	$	
/ /	$	

▶ 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)
01 / 15 / 15	$ 75.00	Martin Luther King, Jr.
/ /	$	Labor Breakfast
/ /	$	

▶ 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)
01 / 16 / 15	$ 47.35	Lunch-Robert Stone
/ /	$	President & CEO
/ /	$	

▶ 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)
01 / 23 / 15	$ 78.00	2014 New Year
/ /	$	Welcome Party
09 / 16 / 15	$ 37.00	Candy

▶ 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)
01 / 28 / 15	$ 24.50	Capitol Reception
02 / 28 / 15	$ 48.00	Tri-Valley Chapter
/ /	$	

Comments: _____

CALIFORNIA FORM 700

Name
John Chiang

SCHEDULE D
Income – Gifts

► 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:

CALIFORNIA FORM **700**

Name: John Chiang

SCHEDULE D
Income – Gifts

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)
California Democratic Party	1830 9th Street, Sacramento, CA 95811	Politics	02/03/15	$144.39	Assembly Democratic Caucus - Summit Dinner
NAST Foundation	P.O. Box 11910, Lexington, KY 40578	Non-profit organization	02/04/15	$46.93	NPIF Dinner
			07/26/15	$65.00	NPIF Welcome Dinner
			07/27/15	$96.00	NPIF Reception&Dinnr
California Asian Pacific Chamber of Commerce	2012 H Street, Suite 101, Sacramento, CA 95811	Business advocacy	02/10/15	$50.00	Private Dinner
UCLA Ziman Center for Real Estate	110 Westwood Plaza #B100 Los Angeles, CA 90095	Research	02/11/15	$26.55	Center's Campaign Launch
Hudson Pacific Properties, Inc.	11601 Wilshire Blvd., Los Angeles, CA 90025	Real Estate	02/11/15	$35.45	UCLA Ziman Center Campaign Launch
Worthe Real Estate Group	100 Wilshire Blvd. #1660 Santa Monica, CA 90401	Real Estate	02/11/15	$35.31	UCLA Ziman Center Campaign Launch

Comments:

CALIFORNIA FORM 700

Name: John Chiang

SCHEDULE D
Income – Gifts

▶ 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

CALIFORNIA FORM **700**

Name: John Chiang

SCHEDULE D
Income – Gifts

▶ 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

CALIFORNIA FORM 700

Name: John Chiang

SCHEDULE D
Income – Gifts

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)
04/13/15	$ 60.00	Legislative Conference
/ /	$	Dinner
/ /	$	

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)
04/14/15	$ 21.50	Lunch w/Tony Clement
04/27/15	$ 41.00	Dinner-Milken Conf.
11/20/15	$ 22.00	Breakfast-Minister

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)
04/15/15	$ 49.00	Georgetown Law
/ /	$	Dinner
/ /	$	

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)
04/15/15	$ 49.00	Georgetown Law
/ /	$	Center
/ /	$	

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)
04/23/15	$ 73.00	VIP Reception
04/24/15	$ 18.00	Lunch
/ /	$	

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)
04/23/15	$ 25.00	Independence Day
11/22/15	$ 75.00	FiestaShalomDinner**
12/07/15	$ 27.99	Book

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

CALIFORNIA FORM **700**

Name
John Chiang

SCHEDULE D
Income – Gifts

▶ 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)
04 / 29 / 15	$ 48.27	Lobby Day Reception
/ /	$	
/ /	$	

▶ 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:

CALIFORNIA FORM 700

Name: John Chiang

SCHEDULE D
Income – Gifts

▶ 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:

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

John Chiang

SCHEDULE D
Income – Gifts

▶ 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)
06/02/15	$ 76.00	Forum-Lunch
/ /	$	
/ /	$	

▶ 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)
06/05/15	$ 75.00	Dinner
12/31/15	$ 250.00	Dinner
/ /	$	

▶ 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)
06/14/15	$ 75.00	"America's Voices in
/ /	$	Israel" Get Together
/ /	$	

▶ 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)
06/23/15	$ 49.00	Capitol Academy
/ /	$	Dinner
/ /	$	

▶ 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)
06/25/15	$ 97.59	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: _____

CALIFORNIA FORM 700

Name: John Chiang

SCHEDULE D
Income – Gifts

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)
OCA - Asian Pacific American Advocates	1322 18th St. NW Washington, DC 20036	Non-profit organization	07/02/15	$190.95	Conference-Welcome Recepton
Georgetown University Law Center	600 New Jersey Ave. NW Washington, DC 20001	Legal education	07/20/15	$60.00	Alumni Reception
Greg Sun	801 S. Figueroa St. #1800 Los Angeles, CA 90017	Hotel	07/21/15	$87.20	Dinner
John Segal	300 S. Spring Street 2nd Fl. Los Angeles, CA 90013	Associate Justice	07/24/15	$29.25	Justice John Segal Swearing-in and Reception
Ellen Graff	360 N. Bedford Drive, Beverly Hills, CA 90210	Psychologist	07/24/15	$29.25	Justice John Segal Swearing-in and Reception
Roger Segal	3 Greenview Way, Montclair NJ 07043	Financial advisor	07/24/15	$29.25	Justice John Segal Swearing-in and Reception

Comments:

CALIFORNIA FORM **700**

Name: John Chiang

SCHEDULE D
Income – Gifts

▶ 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:

CALIFORNIA FORM 700

Name: John Chiang

SCHEDULE D
Income – Gifts

▶ 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)
08/28/15	$ 15.00	Lunch
08/28/15	$ 15.00	Pen
08/28/15	$ 13.98	Blanket

▶ 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)
08/28/15	$ 6.98	Flash Drive
/ /	$	
/ /	$	

▶ 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)
08/28/15	$ 60.00	Installation Ceremony
/ /	$	
/ /	$	

▶ 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:

CALIFORNIA FORM **700**

Name: John Chiang

SCHEDULE D
Income – Gifts

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)
AFSCME Local 2620	2150 River Plaza Dr. #275 Sacramento, CA 95833	Labor	09/12/15	$60.80	Convention-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)
Bob Cendejas	1725 N. Juliet Court, Brea, CA 92821	Attorney	09/16/15	$98.00	Hollywood Bowl Ticket
			09/16/15	$20.00	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)
Equality California	202 W. 1st St. #3-0130 Los Angeles CA 90012	Advocacy	09/19/15	$150.00	Los Angeles Awards

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)
Indo American Community of West Coast	11040 Bollinger Cyn.Rd#E-154 SanRamonCA94582	Non-profit organization	09/27/15	$65.00	Book
			09/27/15	$7.00	Refreshments

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)
The Aspen Institute	1 Dupont Cir., NW #700 Washington, DC 20036	Non-profit organization	09/28/15	$7.89	Breakfast
			09/28/15	$31.08	Lunch

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: _____

CALIFORNIA FORM 700

Name
John Chiang

SCHEDULE D
Income – Gifts

▶ 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:

CALIFORNIA FORM 700

Name: John Chiang

SCHEDULE D
Income – Gifts

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)
Beverly Hills Chamber of Commerce	9400 S.SantaMonicaBl.2ndFl.BeverlyHills CA 90210	Business advocacy	11/04/15	$60.00	Economic Development Council-Lunch
Dr. Sikun Lan	22829 Oxnard Street, Woodland Hills, CA 91367	Online Education	11/15/15	$81.84	Basketball ticket
			11/15/15	$49.95	Food
U.S. Pan Pacific American Chamber of Commerce	1329 18th Street, NW Washington, DC 20036	Non-profit organization	11/17/15	$70.00	Training Institute Reception
Southern California Edison	2244 Walnut Grove Avenue, Rosemead, CA 91770	Utilities	11/23/15	$51.60	Meet and Greet Dinner

Comments:

CALIFORNIA FORM 700

Name: John Chiang

SCHEDULE D
Income – Gifts

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 ZhoungguancunE.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

CALIFORNIA FORM **700**

Name

John Chiang

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

- **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 *(If gift)* AMT: $ 1,132.00

► 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 keynote4/16 Dinner: $130.00Lodging: $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): __/__/__ - __/__/__ *(If gift)* AMT: $

► 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): __/__/__ - __/__/__ *(If gift)* AMT: $

► 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): __/__/__ - __/__/__ *(If gift)* AMT: $

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

○ Made a Speech/Participated in a Panel

○ Other - Provide Description

► If Gift, Provide Travel Destination

Comments:

CALIFORNIA FORM 700

Name

John Chiang

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

- **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 *(If gift)* AMT: $ 216.00

▶ 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 *(If gift)* AMT: $ 235.40

▶ 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

▶ 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

○ Made a Speech/Participated in a Panel

○ Other - Provide Description

▶ If Gift, Provide Travel Destination

Comments:

CALIFORNIA FORM **700**

Name

John Chiang

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

- **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 *(If gift)* AMT: $ 5,435.00

▶ MUST CHECK ONE: ☑ Gift -or- ☐ Income

○ Made a Speech/Participated in a Panel

◉ Other - Provide Description
Attended MOU Sister City Ring w Weinan, China N. Las Vegas, NV, Xianyang, 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: $186.00 Meals/Ground Transportation - Beijing, Shaanxi Province, Chongqing, China

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▶ 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

▶ 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

▶ 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

○ Made a Speech/Participated in a Panel

○ Other - Provide Description

▶ If Gift, Provide Travel Destination

Comments:

CALIFORNIA FORM 700

Name

John Chiang

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

- **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 *(If gift)* AMT: $ 2,215.64

▶ MUST CHECK ONE: ☑ Gift -or- ☐ Income

◉ Made a Speech/Participated in a Panel

○ Other - Provide Description

▶ If Gift, Provide Travel Destination
6/17 Panelist - Lodging: $632.44 Airfare: $458.30 Meals: $310.00 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 - ___/___/___ *(If gift)* AMT: $ 715.26

▶ 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

▶ 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

○ Made a Speech/Participated in a Panel

○ Other - Provide Description

▶ If Gift, Provide Travel Destination

Comments:

CALIFORNIA FORM **700**

FOR POLITICAL REACH OUT OFFICIALS

Name

John Chiang

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

- **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 *(If gift)* AMT: $ 3,147.29

▶ MUST CHECK ONE: ☑ Gift -or- ☐ Income

◉ Made a Speech/Participated in a Panel

○ Other - Provide Description

▶ If Gift, Provide Travel Destination
Airfare-$523.76; Ground Trans-$160.00; Lodging-$1,133.54; Meals/Incidentals-$330.00 - 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

▶ 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

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DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

○ Made a Speech/Participated in a Panel

○ Other - Provide Description

▶ If Gift, Provide Travel Destination

Comments:

CALIFORNIA FORM 700

Name

John Chiang

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

- **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 *(If gift)* AMT: $ 1,047.40

▶ 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: $438.80; Lodging: $385.11; 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

▶ 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

○ Made a Speech/Participated in a Panel

○ Other - Provide Description

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CITY AND STATE

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

DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

○ Made a Speech/Participated in a Panel

○ Other - Provide Description

▶ If Gift, Provide Travel Destination

Comments:

CALIFORNIA FORM **700**

Name

John Chiang

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

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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)*
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 *(If gift)* AMT: $ 827.74

► 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 Meetings.

► 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

► 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

► 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): ___/___/___ - ___/___/___ *(If gift)* AMT: $

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

○ Made a Speech/Participated in a Panel

○ Other - Provide Description

► If Gift, Provide Travel Destination

Comments:

CALIFORNIA FORM 700

Name

John Chiang

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

- **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 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 *(If gift)* AMT: $ 1,620.60

▶ 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: [illegible]; Meals / w/ Entertainment: $[illegible]; Cost Identifier: $[illegible] - 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 *(If gift)* AMT: $ 761.39

▶ 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

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▶ 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): __/__/__ - __/__/__ *(If gift)* AMT: $

▶ 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): __/__/__ - __/__/__ *(If gift)* AMT: $

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

○ Made a Speech/Participated in a Panel

○ Other - Provide Description

▶ If Gift, Provide Travel Destination

Comments:

CALIFORNIA FORM **700**

Name

John Chiang

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

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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)*
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 *(If gift)* AMT: $ 1,807.01

► MUST CHECK ONE: ☑ Gift -or- ☐ Income

○ Made a Speech/Participated in a Panel

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

► If Gift, Provide Travel Destination
Airfare: $411.20; Lodging: $518.40; Ground Transportation: $143.22; Meals: $736.19 - Cary, North Carolina

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► 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 *(If gift)* AMT: $ 5,769.22

► 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: $1823.38; Lodging-Ground Trans/Tour: $4725.00; Books: $20.86 - $500.00 deposit - Israel

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► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

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DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $

► 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

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DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

○ Made a Speech/Participated in a Panel

○ Other - Provide Description

► If Gift, Provide Travel Destination

Comments: