

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Date Initial Filing Received
Official Use Only
MAR - 1 2017
(MIDDLE)
Enterprise Compliance Division

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
state Treasurer

► 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, 2016, through December 31, 2016. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2016. The period covered is January 1, 2016, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -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: _____

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)
DAYTIME TELEPHONE NUMBER E-MAIL/ADDRESS

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 3/1/17 (month, day, year) 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
John Chiang

▶ 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:
 _____/_____/16 _____/_____/16
 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:
 _____/_____/16 _____/_____/16
 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:
 _____/_____/16 _____/_____/16
 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:
 _____/_____/16 _____/_____/16
 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:
 _____/_____/16 _____/_____/16
 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:
 _____/_____/16 _____/_____/16
 ACQUIRED DISPOSED

Comments: *Spouse ESOP

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

Name
 John Chiang

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Position Match, LLC

ADDRESS (Business Address Acceptable)
 140 S. Crescent Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Focus Group

YOUR BUSINESS POSITION
 None

GROSS INCOME RECEIVED No Income - Business Position Only
 \$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 No Income - Business Position Only
 \$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)
Wang Jiaqi/No.180PenyuzhanMaoE.St.HuaLongTon
ADDRESS (Business Address Acceptable)
Panyu District Guanzhou,Guangdoing Province PRC
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Commodity Training

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 09 / 16</u>	<u>\$ 8.00</u>	<u>Tea</u>
<u>01 / 09 / 16</u>	<u>\$ 200.00</u>	<u>Mou Tai (Liquor)</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
League of California Cities
ADDRESS (Business Address Acceptable)
1400 K Street #400 Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 20 / 16</u>	<u>\$ 4.33</u>	<u>APICaucusReception</u>
<u>02 / 25 / 16</u>	<u>\$ 50.00</u>	<u>EastBayDivisionMtg</u>
<u>06 / 18 / 16</u>	<u>\$ 4.33</u>	<u>Mixer</u>

▶ NAME OF SOURCE (Not an Acronym)
Christine Young
ADDRESS (Business Address Acceptable)
433 Airport Blvd. #330 Burlingame CA 94010
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 22 / 16</u>	<u>\$ 70.00</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Los Angeles County Federation of Labor
ADDRESS (Business Address Acceptable)
2130 James M. Wood Blvd. Los Angeles CA 90006
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 23 / 16</u>	<u>\$ 100.00</u>	<u>Martin Luther King Jr.</u>
<u> / / </u>	<u>\$</u>	<u>Breakfast</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
Consulate General of Canada
ADDRESS (Business Address Acceptable)
550 S. Hope Street Los Angeles CA 90071
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Diplomatic relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 25 / 16</u>	<u>\$ 85.00</u>	<u>Dinner during</u>
<u> / / </u>	<u>\$</u>	<u>VerdeXchange 2016</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)
LA County Asian American Employees Association
ADDRESS (Business Address Acceptable)
PO Box 86334 Los Angeles CA 90086
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 28 / 16</u>	<u>\$ 35.00</u>	<u>Dinner</u>
<u>01 / 28 / 16</u>	<u>\$ 20.00</u>	<u>Pen</u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 John Chiang

▶ NAME OF SOURCE (Not an Acronym)
 SAG-AFTRA

ADDRESS (Business Address Acceptable)
 350 Sansome St. #900 San Francisco CA 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 30 / 16	\$ 199.00	Awards Show
01 / 30 / 16	\$ 122.82	Awards Gala
___ / ___ / ___	\$ _____	_____

▶ 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**

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <p align="center">John Chiang</p>

▶ NAME OF SOURCE (Not an Acronym)
SEIU International

ADDRESS (Business Address Acceptable)
1800 Massachusetts Ave. NW Washington,DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 01 / 16	\$ 73.00	Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Caroline Choe

ADDRESS (Business Address Acceptable)
1111 S. Grand PH5 Los Angeles CA 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investments

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 05 / 16	\$ 60.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Wei Huang

ADDRESS (Business Address Acceptable)
333 S. Figueroa Street Los Angeles CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 07 / 16	\$ 200.00	Bottle of Wine
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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 / 09 / 16	\$ 119.10	AssemblyDemCaucus
___ / ___ / ___	\$ _____	Reception & Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Chinese Consulate of Los Angeles

ADDRESS (Business Address Acceptable)
443 Shatto Place Lso Angeles CA 90020

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Diplomatic Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 14 / 16	\$ 20.00	Amb.Liu Dinner
08 / 20 / 16	\$ 20.00	Post-ChinaTripDinner
09 / 30 / 16	\$ 20.00	NationalDayReception

▶ NAME OF SOURCE (Not an Acronym)
Los Angeles County Black Probation Officers Assoc.

ADDRESS (Business Address Acceptable)
PO Box 8805 Los Angeles CA 90008

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law enforcement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 16	\$ 50.00	Luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 John Chaing

▶ NAME OF SOURCE (Not an Acronym)
Valley Industry & Commerce Association

ADDRESS (Business Address Acceptable)
 16600 Sherman Way #170, Van Nuys, CA 91406

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 16	\$ 150.00	Annual State
___ / ___ / ___	\$ _____	Officeholders Dinner
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE (Not an Acronym)
Hong Kong Association of Southern California

ADDRESS (Business Address Acceptable)
 350 S. Figueroa St. #139, Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Global Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 20 / 16	\$ 100.00	Chinese New Year
___ / ___ / ___	\$ _____	Gala
___ / ___ / ___	\$ _____	

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 22 / 16	\$ 79.00	Asian Pacific Islander
___ / ___ / ___	\$ _____	Legislative Caucus
___ / ___ / ___	\$ _____	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)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

Comments: _____

SCHEDULE D
Income – Gifts

Name
John Chiang

▶ NAME OF SOURCE *(Not an Acronym)*
Jewish National Fund

ADDRESS *(Business Address Acceptable)*
42 East 69th Street, New York, NY 10021

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 01 / 16</u>	<u>\$ 40.00</u>	<u>Food/Drink-CA-Israel</u>
<u> / / </u>	<u>\$ </u>	<u>Water Summit</u>
<u>03 / 01 / 16</u>	<u>\$ 20.00</u>	<u>Book</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Carmen Policy

ADDRESS *(Business Address Acceptable)*
PO Box 2252 Yountville, CA 94599

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retired

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 03 / 16</u>	<u>\$ 125.00</u>	<u>Welcome George-</u>
<u> / / </u>	<u>\$ </u>	<u>town Law Center Dean</u>
<u> / / </u>	<u>\$ </u>	<u>William Treanor-Dinner</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Detailed Meetings

ADDRESS *(Business Address Acceptable)*
3964 Dauntless Dr. Rancho Palos Verdes CA 90275

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Event Planning

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 10 / 16</u>	<u>\$ 65.46</u>	<u>ALTSA 2016</u>
<u> / / </u>	<u>\$ </u>	<u>Conference-Lunch</u>
<u> / / </u>	<u>\$ </u>	<u></u>

▶ NAME OF SOURCE *(Not an Acronym)*
Cece Feleir

ADDRESS *(Business Address Acceptable)*
100 South The Grove Drive, Los Angeles, CA 90036

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 10 / 16</u>	<u>\$ 59.86</u>	<u>Jewish Federation</u>
<u> / / </u>	<u>\$ </u>	<u>Reunion Trip Dinner</u>
<u> / / </u>	<u>\$ </u>	<u></u>

▶ NAME OF SOURCE *(Not an Acronym)*
Stanford Institute for Economic Policy Research

ADDRESS *(Business Address Acceptable)*
356 Galvez Street, Stanford, CA 94305-6015

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Research

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 11 / 16</u>	<u>\$ 30.00</u>	<u>Summit-Breakfast</u>
<u>03 / 11 / 16</u>	<u>\$ 48.00</u>	<u>Summit-Lunch</u>
<u>03 / 11 / 16</u>	<u>\$ 20.00</u>	<u>Summit-Drink</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Stanford Institute for Economic Policy Research

ADDRESS *(Business Address Acceptable)*
356 Galvez Street, Stanford, CA 94305-6015

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Research

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 11 / 16</u>	<u>\$ 50.00</u>	<u>Reception</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)
Alan Thian

ADDRESS (Business Address Acceptable)
121 E. Valley Blvd. #110, San Gabriel, CA 91776

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Banking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 15 / 16</u>	<u>\$ 80.00</u>	<u>Welcome Dinner for</u>
<u> / / </u>	<u>\$ </u>	<u>Mayor of Tapei</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
LA County Economic Development Corporation

ADDRESS (Business Address Acceptable)
444 S. Flower St. 37th Fl. Los Angeles, CA 90071

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 16 / 16</u>	<u>\$ 30.00</u>	<u>Board of Governors</u>
<u>05 / 26 / 16</u>	<u>\$ 64.80</u>	<u>Southern CA Leader-</u>
<u> / / </u>	<u>\$ </u>	<u>ship Council-Lunch</u>

▶ NAME OF SOURCE (Not an Acronym)
Meyers Nave

ADDRESS (Business Address Acceptable)
555 12st Street, Oakland, CA 94607

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 18 / 16</u>	<u>\$ 350.00</u>	<u>AABA Installation</u>
<u> / / </u>	<u>\$ </u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Change to Win

ADDRESS (Business Address Acceptable)
1900 L St. NW #900 Washington, DC 30036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit Labor Federation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 22 / 16</u>	<u>\$ 54.55</u>	<u>Treasurers/Controllers</u>
<u> / / </u>	<u>\$ </u>	<u>Lunch at CII</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
OGAM, Ltd.

ADDRESS (Business Address Acceptable)
130 Adelaide St. W. #3000 Toronto ON M5H Canada

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investments

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 22 / 16</u>	<u>\$ 75.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u>03 / 25 / 16</u>	<u>\$ 80.00</u>	<u>Unity Dinner</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)
 Asian Americans Advancing Justice

ADDRESS (Business Address Acceptable)
 1620 L St. NW Suite 1050 Washington, DC 20036

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 30 / 16	\$ 69.00	National Conference- Welcome 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: _____

SCHEDULE D
Income – Gifts

Name
 John Chiang

▶ NAME OF SOURCE (Not an Acronym)
 Japanese American Bar Association

ADDRESS (Business Address Acceptable)
 PO Box 71961 Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Professional Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 03 / 16	\$ 65.00	Gala
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California State Council of Laborers

ADDRESS (Business Address Acceptable)
 1121 L Street, Suite 502, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 04 / 16	\$ 53.40	Open house reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Royal Business Bank

ADDRESS (Business Address Acceptable)
 121 E. Valley Blvd. #101 San Gabriel, CA 91776

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Banking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 06 / 16	\$ 75.00	Lunch
04 / 15 / 16	\$ 55.00	Lunch
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Committee of 100

ADDRESS (Business Address Acceptable)
 257 Park Ave. South, 19th Fl. New York, NY 10010

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 10 / 16	\$ 18.00	LMP Meet-up Lunch
04 / 16 / 16	\$ 56.00	Conf.-VIP Breakfast
04 / 17 / 16	\$ 56.00	Member Breakfast
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 CA Municipal Treasurer's Association

ADDRESS (Business Address Acceptable)
 700 R Street, Suite 200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Professional organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 13 / 16	\$ 59.00	Conference-Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Joe Tseng

ADDRESS (Business Address Acceptable)
 150 N. Santa Anita Ave. #490 Arcadia, CA 91006

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Accounting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 16	\$ 114.75	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 John Chiang

▶ NAME OF SOURCE (Not an Acronym)
 National Federation of Independent Business CA

ADDRESS (Business Address Acceptable)
 921 11th Street, Suite 400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 19 / 16	\$ 63.84	Lobby day-Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Edward Cai

ADDRESS (Business Address Acceptable)
 1900 W. Garvey Ave. #300 West Covina, CA 91790

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Exporter

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 28 / 16	\$ 150.00	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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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**

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <p align="center">John Chiang</p>

▶ NAME OF SOURCE (Not an Acronym)
CTA Orange Service Center Council

ADDRESS (Business Address Acceptable)
281 N. Rampart Street, Suite A, Orange CA 92868

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 04 / 16	\$ 71.66	WHO Awards Banquet
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Chinaweek

ADDRESS (Business Address Acceptable)
680 E. Colorado Blvd. #180 Pasadena, CA 91101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community Events Resource

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 11 / 16	\$ 125.00	China Business
___ / ___ / ___	\$ _____	Summit - Lunch
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
21st Century Fox

ADDRESS (Business Address Acceptable)
2121 AvenueoftheStars #700 Los Angeles, CA 90067

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 16	\$ 15.88	APIHM Screening
05 / 16 / 16	\$ 76.06	APIHM Reception
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
AJC Los Angeles

ADDRESS (Business Address Acceptable)
11766 Wilshire Blvd. Los Angeles, CA 90012

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 23 / 16	\$ 100.00	Annual Meeting
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Taiwan American Chamber of Greater Los Angeles

ADDRESS (Business Address Acceptable)
1045 E. Valley Blvd. #A211 San Gabriel, CA 91776

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 16	\$ 62.00	Investment
___ / ___ / ___	\$ _____	Conference-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: _____

SCHEDULE D
Income – Gifts

Name
 John Chiang

▶ NAME OF SOURCE (Not an Acronym)
Asian American Association of Investment Managers
 ADDRESS (Business Address Acceptable)
50 California St. #2320 San Francisco, CA 94111
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 02 / 16</u>	<u>\$ 40.00</u>	<u>Conference-Breakfast</u>
<u>06 / 02 / 16</u>	<u>\$ 60.00</u>	<u>Conference-Lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Chinese Community Affairs Council
 ADDRESS (Business Address Acceptable)
715 S. Lincoln, Monterey Park, CA 91755
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 16 / 16</u>	<u>\$ 50.00</u>	<u>Private Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Association for Los Angeles Deputy Sheriffs
 ADDRESS (Business Address Acceptable)
2 Cupania Circle Monterey Park, CA 91755
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Enforcement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 18 / 16</u>	<u>\$ 73.00</u>	<u>Awards Banquet</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Taipei Economic and Cultural Office in Los Angeles
 ADDRESS (Business Address Acceptable)
3731 Wilshire Bl. #700 Los Angeles, CA 90010
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Diplomatic Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 30 / 16</u>	<u>\$ 50.00</u>	<u>Taiwan Pres. Arrival-</u>
<u> / / </u>	<u>\$ </u>	<u>Gift</u>
<u>07 / 01 / 16</u>	<u>\$ 40.00</u>	<u>Breakfast Meeting</u>

▶ NAME OF SOURCE (Not an Acronym)
Taipei Economic and Cultural Office in Los Angeles
 ADDRESS (Business Address Acceptable)
3731 Wilshire Bl. #700 Los Angeles, CA 90010
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Diplomatic Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 13 / 16</u>	<u>\$ 10.00</u>	<u>Calendar</u>
<u>12 / 13 / 16</u>	<u>\$ 15.00</u>	<u>Wine</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)
 Gen Next, Inc.

ADDRESS (Business Address Acceptable)
 4100 MacArthur Bl. #325, Newport Beach, CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Professional Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 13 / 16	\$ 87.77	Evening Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Katherine Spillar

ADDRESS (Business Address Acceptable)
 1600 Wilson Blvd. #801 Arlington, VA 22209

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 07

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 15 / 16	\$ 284.00	Hollywood Bowl
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
 LE Holdings (Beijing) Co. Ltd.
 ADDRESS (Business Address Acceptable)
 3rdLayerHongChengXinTaiBldgYaojiayuanRdChao
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 yangDistBeijingPRChina100025 Electronic Manufac

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 31 / 16	\$ 50.00	Meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 MEBO International Group
 ADDRESS (Business Address Acceptable)
 F31BldgAtheApacesInt'lCtr8DongdaqiaoStChaoyang
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DistBeijingPRChina Medical Manufacturing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 01 / 16	\$ 65.00	Lunch
___ / ___ / ___	\$ 10.00	Gift
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Department of Commerce, Shanxi Province
 ADDRESS (Business Address Acceptable)
 1 Xinjian Road, Taiyuan, Shanxi, China 030002
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Foreign Gov't Assn

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 03 / 16	\$ 50.00	TourMuseumThermal
___ / ___ / ___	\$ _____	PlantLunchDinnerGift
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 ShanxiProvincialPeople'sAssocforFriendshipwFor-
 eignCountries-Int'lBldgNo388YingzeSt#2201Tiayan
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 ShanxiChina030002 Foreign Gov't Assn

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 03 / 16	\$ 55.00	LunchDinnerTour
___ / ___ / ___	\$ 15.00	Gift
08 / 04 / 16	\$ 85.00	Tour, Lunch, Dinner

▶ NAME OF SOURCE (Not an Acronym)
 Jiangsu Provincial People's Government
 ADDRESS (Business Address Acceptable)
 68 W Beijing Road, Nanjing, China 210024
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Foreign Government Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 05 / 16	\$ 55.00	Lunch
___ / ___ / ___	\$ 15.00	Gift
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Vice Governor Lei Zhang, Jiang Su Province
 ADDRESS (Business Address Acceptable)
 68 W Beijing Road, Nanjing, China 210024
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 05 / 16	\$ 125.00	Painting
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 John Chiang

▶ NAME OF SOURCE (Not an Acronym)
 Jiangsu Provincial People's Assn for Friendship w For-

ADDRESS (Business Address Acceptable)
 eign Countries 15 Xikang Rd., Nanjing, China

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Foreign Government Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 05 / 16	\$ 60.00	Dinner
/ /	\$ 66.00	Gift
/ /	\$	

▶ 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**

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

▶ NAME OF SOURCE *(Not an Acronym)*
UFCW Western States Council
 ADDRESS *(Business Address Acceptable)*
8530 Stanton Avenue #2A Buena Park, CA 90620
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 01 / 16</u>	<u>\$ 161.16</u>	<u>Annual Person of the</u>
<u> / / </u>	<u>\$</u>	<u>Year Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE *(Not an Acronym)*
Georgetown University Wall Street Alliance
 ADDRESS *(Business Address Acceptable)*
500 5th Avenue New York, NY 10110
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Community

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 21 / 16</u>	<u>\$ 75.00</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>

▶ 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)
Allied Pacific IPA & Network management
 ADDRESS (Business Address Acceptable)
 1668 S. Garfield Ave. 2nd Fl. Alhambra, CA 91801
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 01 / 16	\$ 80.00	Annual Retreat
12 / 11 / 16	\$ 150.00	Holiday Party
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
UNAC/UHCP
 ADDRESS (Business Address Acceptable)
 955 Overland Ct. #150 San Dimas CA 91773
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 03 / 16	\$ 230.00	Convention-Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Armenian Nat'l Committee of America-Western Region
 ADDRESS (Business Address Acceptable)
 104 North Belmont St. #200 Glendale, CA 91206
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 16 / 16	\$ 96.00	Annual Banquet
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Law Offices of Paul P. Chen & Associates
 ADDRESS (Business Address Acceptable)
 790 E. Colorado Bl. #260 Pasadena, CA 91101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 20 / 16	\$ 20.00	Reception
10 / 20 / 16	\$ 25.00	Journal
10 / 20 / 16	\$ 15.00	Pen

▶ NAME OF SOURCE (Not an Acronym)
Nat'l Asian Pacific Islander Prosecutors Association
 ADDRESS (Business Address Acceptable)
 70 W. Hedding St. West Wing, San Jose, CA 95110
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 21 / 16	\$ 110.00	Scholarship Banquet
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Christian Burgos
 ADDRESS (Business Address Acceptable)
 18400 Von Karman Ave. Suite 900 Irvine, CA 92612
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 29 / 16	\$ 80.00	City Club Los Angeles
___ / ___ / ___	\$ _____	Charity Masquerade
___ / ___ / ___	\$ _____	Ball

Comments: _____

SCHEDULE D
Income – Gifts

Name
John Chiang

▶ NAME OF SOURCE (Not an Acronym)
State Bar of California - International Law Section

ADDRESS (Business Address Acceptable)
180 Howard Street, San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 04 / 16</u>	<u>\$ 80.92</u>	<u>Law Summit</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Asian Business Association

ADDRESS (Business Address Acceptable)
120 S. San Pedro St. #523 Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 16</u>	<u>\$ 85.00</u>	<u>Clippers Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Anschutz Entertainment Group (AEG)

ADDRESS (Business Address Acceptable)
800 W. Olympic Blvd. #305 Los Angeles, CA 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 16</u>	<u>\$ 55.00</u>	<u>Food - Clippers Game</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
USC Sol Price of Public Policy

ADDRESS (Business Address Acceptable)
USC, Lewis Hall 312, Los Angeles, CA 90089-0620

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Policy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 16 / 16</u>	<u>\$ 50.00</u>	<u>Dean's Policy</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)
 California School Boards Association

ADDRESS (Business Address Acceptable)
 3251 Beacon Blvd. West Sacramento, CA 95691

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 02 / 16	\$ 72.00	APISBMA Breakfast
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Sacramento Seminar c/o Richard Spotswood

ADDRESS (Business Address Acceptable)
 200 Magee Avenue, Mill Valley, CA 94941

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Political to Civic Discussions

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 02 / 16	\$ 50.00	Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Korean Resource Center

ADDRESS (Business Address Acceptable)
 900 Crenshaw Boulevard, Los Angeles, CA 90019

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 08 / 16	\$ 55.50	Board Luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 San Francisco & Construction Trades Council

ADDRESS (Business Address Acceptable)
 1188 Franklin St. #9203 San Francisco, CA 94109

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 09 / 16	\$ 75.00	Laborer's Moose Feed
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Hotel California by the Sea, LLC

ADDRESS (Business Address Acceptable)
 2811 Villa Way, Newport Beach, CA 92663

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Treatment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 16	\$ 280.25	Employee Holiday
___ / ___ / ___	\$ _____	Celebration
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 KHEIR

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

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 14 / 16	\$ 55.00	Board Appreciation
___ / ___ / ___	\$ _____	Dinner
12 / 14 / 16	\$ 30.00	Gift

Comments: _____

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <p align="center">John Chiang</p>

▶ NAME OF SOURCE *(Not an Acronym)*
CREED LA

ADDRESS *(Business Address Acceptable)*
501 Shatto Pl. #200, Los Angeles, CA 90020-1713

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 16	\$ 58.98	Holiday Party
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
CERES

ADDRESS (Business Address Acceptable)
99 Chauncy Street, 6th Floor

CITY AND STATE
Boston, MA 02111

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

DATE(S): 01 / 26 / 16 - 01 / 27 / 16 AMT: \$ 285.00
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description "Convener" at the 2016 CERES Investor Summit on Climate Risk at the UN

▶ If Gift, Provide Travel Destination New York, NY
 Meals: \$285.00

▶ 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, 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
Education
 DATE(S): 05 / 01 / 06 - 05 / 02 / 16 AMT: \$ 1126.95
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description I participated as a Fellow in the Hunt I Kean Leadership program
 ▶ If Gift, Provide Travel Destination Nashville, TN Airfare\$604.08
GroundTrans\$104.00Lodging\$289.47Meals\$129.40

▶ NAME OF SOURCE (Not an Acronym)
Milken Institute
 ADDRESS (Business Address Acceptable)
1250 Fourth Street
 CITY AND STATE
Santa Monica, CA 90401
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Economic Think Tank
 DATE(S): 05 / 03 / 16 - 05 / 04 / 16 AMT: \$ 91.15
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Panelist at the 2016Milken Institute Global Conference
 ▶ If Gift, Provide Travel Destination Beverly Hills, CA
Meals: \$91.15

▶ 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 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
NASTWesternStateTreasAssoc c/oUtahStateTreasurer
 ADDRESS (Business Address Acceptable)
350 N State Street, Suite 180
 CITY AND STATE
Salt Lake City, UT 84114

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
National Association of State Treasurers

DATE(S): 06 / 13 / 16 - 06 / 16 / 16 AMT: \$ 608.88
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description Participant-NASTTreasury MgmtTrainingSymposium

▶ If Gift, Provide Travel Destination New Orleans, LA
Lodging: \$572.88; Ground Transpo: \$36.00

▶ 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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
The Aspen Institute
 ADDRESS (Business Address Acceptable)
One Dupont Circle, Suite 700, NW
 CITY AND STATE
Washington, D.C. 20036-1133
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Leadership Institute
 DATE(S): 06 / 19 / 16 - 06 / 20 / 16 AMT: \$ 1111.49
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description Featured speaker and participant - Aspen Institute Forum OR Retirement Savings

▶ If Gift, Provide Travel Destination Portland OR Airfare 655.20
Grnd Trans 186.00 Hotel 203.41 Meals 52.81 Mtg ex 14.07

▶ NAME OF SOURCE (Not an Acronym)
RF Kennedy Human Rights
 ADDRESS (Business Address Acceptable)
515 Madison Avenue
 CITY AND STATE
New York, NY
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Human Rights
 DATE(S): 06 / 27 / 16 - 06 / 29 / 16 AMT: \$ 2531.78
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description 2016 RFK Compass Conf in Hyannis Port conference participant

▶ If Gift, Provide Travel Destination Hyannis Port MA Airfare 875.20
Grnd Trans 420.00 Lodging 802.00 Meals 434.58

▶ 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 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <p align="center">John Chiang</p>

- 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Chinese People's Assn for Friendship w Foreign Countries
 ADDRESS (Business Address Acceptable)
1 Taljichang Street
 CITY AND STATE
Beijing 100740 China
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 07 / 31 / 16 - 08 / 07 / 16 AMT: \$ 6285.00
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel
 Other - Provide Description Speaker Sino-US Internet Ecosystem Innovation Forum Led US China Trade Mission

▶ If Gift, Provide Travel Destination Beijing Shanxi Nanjing Guangzhou China Airfare: 4950 Hotel 1050 Meals 285

▶ 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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <p align="center">John Chiang</p>

- 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, 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
Education
 DATE(S): 08 / 10 / 16 - 08 / 12 / 16 AMT: \$ 1531.32
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description I participated as a Fellow in the Hunt | Kean Leadership Fellows | Session 2

▶ If Gift, Provide Travel Destination Portland, OR Airfare: 207.20
Lodging: 622.22 Ground Trans: 168.17 Meals: 533.93

▶ 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Western State Treasurers Assoc c/o Utah State Treas

ADDRESS (Business Address Acceptable)
350 No. State Street, Suite 180

CITY AND STATE
Salt Lake City, Utah 84114

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
part of National Assoc of State Treasurers

DATE(S): 09 / 11 / 16 - 09 / 14 / 16 AMT: \$ 808.28
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description Participant in the 2016 NAST Annual Conference

▶ If Gift, Provide Travel Destination Seattle, WA -
Lodging: \$706.53; Ground Trans: \$101.75

▶ 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Council of Korean Americans

ADDRESS (Business Address Acceptable)
1050 Connecticut Avenue, NW #500

CITY AND STATE
Washington, D.C. 20036

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

DATE(S): 10 / 14 / 16 - 10 / 15 / 16 AMT: \$ 397.36
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description Featured speaker Council of Korean Americans 2nd Annual Summit and Gala

▶ If Gift, Provide Travel Destination Washington, D.C.-Lodging: \$342.36 Meal: \$55.00

▶ 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
The Chinese Finance Association
 ADDRESS (Business Address Acceptable)
1456 South Emerald Avenue
 CITY AND STATE
Chicago, IL 60607
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Finance Professionals
 DATE(S): 11 / 04 / 16 - 11 / 06 / 16 AMT: \$ 2228.67
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Lunchkeynote-TCFA
22nd Annual Conference
 ▶ If Gift, Provide Travel Destination New York, NY Airfare:1647.20
GroundTrans:102.47 Lodging:329.00 Meals:105.00

▶ NAME OF SOURCE (Not an Acronym)
Hawaii Tax Institute
 ADDRESS (Business Address Acceptable)
P.O. Box 1381
 CITY AND STATE
Honolulu, HI
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tax Professionals/Education
 DATE(S): 11 / 09 / 16 - 11 / 10 / 16 AMT: \$ 1026.79
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description PlenarySessionTaxInstitute
Speaker
 ▶ If Gift, Provide Travel Destination Honolulu, HI Airfare: 597.00
GroundTrans: 30.00 Lodging: 324.79 Meal: 75.00

▶ 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: _____

State Treasurer John Chiang

Filing of SEI Form 700
Original must be signed and dated and filed with the
Fair Political Practices Commission
428 J Street, Suite 620
Sacramento, CA 95814

Copies to the Following

For all STO BCA's

Brittney Trost – Admin STO, Room 538

CalHFA

Attn: Misty Miller, FPPC Filing Officer
500 Capitol Mall # 1400
Sacramento, CA 95814

California Earthquake Authority (CEA)

Attn: Neil Hall, FPPC Filing Officer
801 K Street, Suite 1000
Sacramento, CA 95814

California Infrastructure and Economic Development Bank (IBANK)

Attn: Nancee Trombley, FPPC Filing Officer
1325 J Street, 18th Floor
Sacramento CA 95814

Commission on State Mandates

Attn: Jill Magee, FPPC Filing Officer
980 Ninth Street, Suite 300
Sacramento, CA 95814

**Golden State Tobacco Securitization Corporation
California Economic Recovery Financing Committee
Golden State Transportation Financing Corporation
State Public Works Board**

California Department of Finance
Attn: Jeanna Wimberly, FPPC Filing Officer
915 L Street 12th Floor
Sacramento, CA 95814

CA Competes Tax Credit Committee

Attn: Virginia Gutierrez
1325 J Street, Suite 1800
Sacramento, CA 95814
(916)322-0659