

COVER PAGE

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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Chiang	John		(213) 833-6010	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
777 S. Figueroa St., #4800	Los Angeles	CA	90017	OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:
State Controller's Office

Division, Board, District, if applicable:

Your Position:
California State Controller

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

4. Schedule Summary

▶ Total number of pages including this cover page: 10

▶ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

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

-OR-

No reportable interests on any schedule

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

State

County of _____

City of _____

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

The period covered is ____/____/____, through December 31, 2009.

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

The period covered is January 1, 2009, through the date of leaving office.

-OR-

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


Candidate Election Year: _____

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/23/10
(month, day, year)

Signature  _____
(Sign in the presence of your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
John Chiang

1. BUSINESS ENTITY OR TRUST

Name
Bundle Up Joy

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Baby Clothing

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/09 _____/_____/09
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Spouse's business Other _____

YOUR BUSINESS POSITION none

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/09 _____/_____/09
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/09 _____/_____/09
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other _____

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/09 _____/_____/09
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

SCHEDULE D
Income - Gifts

Name

John Chiang

▶ NAME OF SOURCE
Judy Feldman
 ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/4/09	\$120.00	2 Clippers Tickets
____/____/____	\$_____	_____
____/____/____	\$_____	_____

▶ NAME OF SOURCE
Chirag Shah
 ADDRESS (Business Address Acceptable) 98014
606 S. Olive Street, #1012, Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/8/09	\$79.99	Fruit Basket - Get well
____/____/____	\$_____	gift
____/____/____	\$_____	_____

▶ NAME OF SOURCE
Taiwanese Chamber of Commerce of Greater LA
 ADDRESS (Business Address Acceptable)
1045 E. Valley Bl., #A21, San Gabriel, CA 91776
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/10/09	\$80	Annual Gala Ticket -
____/____/____	\$_____	Wife
____/____/____	\$_____	_____

▶ NAME OF SOURCE
Nina Huang
 ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bicycle Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/22/09	\$100	University of Chicago
____/____/____	\$_____	Alumni Dinner Ticket
____/____/____	\$_____	_____

▶ NAME OF SOURCE
James Kim
 ADDRESS (Business Address Acceptable) 90010
3600 Wilshire Blvd., #1220, Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/24/09	\$167.50	Dinner
____/____/____	\$_____	_____
____/____/____	\$_____	_____

▶ NAME OF SOURCE
Los Angeles Area Chamber of Commerce
 ADDRESS (Business Address Acceptable)
350 S. Bixel Street, Los Angeles, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/29/09	\$100.00	Dinner Ticket
____/____/____	\$_____	_____
____/____/____	\$_____	_____

Comments: _____

SCHEDULE D
Income - Gifts

Name
John Chiang

▶ NAME OF SOURCE
China-U.S. Energy Efficiency Alliance
 ADDRESS (Business Address Acceptable) 9411
1 Embarcadero Ctr., #1550, San Francisco, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Global Environment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/10/09</u>	<u>\$ 75</u>	<u>Reception, Roundtable</u>
<u> </u>	<u>\$</u>	<u>Discussion</u>
<u> </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Frederick Howe
 ADDRESS (Business Address Acceptable)
10680 Treena Street, San Diego, CA 92131
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/18/09</u>	<u>\$ 98.70</u>	<u>Dinner</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Justin Moorehead Sestia and Company
 ADDRESS (Business Address Acceptable) 90048
8436 W. Third Avenue, #700, Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Finance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/20/09</u>	<u>\$ 50.00</u>	<u>Dinner</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Steve Zahn
 ADDRESS (Business Address Acceptable)
 [REDACTED]
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/26/09</u>	<u>\$ 110.00</u>	<u>Laker Basketball</u>
<u> </u>	<u>\$</u>	<u>Ticket</u>
<u> </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
California Science Foundation
 ADDRESS (Business Address Acceptable)
700 Exposition Drive, Los Angeles, CA 90037
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/7/09</u>	<u>\$ 75</u>	<u>Dinner Event</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
NAWBO-LA
 ADDRESS (Business Address Acceptable)
900 Wilshire Blvd, #404, Los Angeles, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/13/09</u>	<u>\$ 65</u>	<u>Awards Luncheon</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income - Gifts

Name
John Chiang

▶ NAME OF SOURCE
K. T. Leung
 ADDRESS (Business Address Acceptable) 91108
2135 Huntington Drive, San Marino, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Accounting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/24/09</u>	<u>\$ 55</u>	<u>Lunch</u>
<u>5/24/09</u>	<u>\$ 55</u>	<u>Dinner</u>
<u>8/25/09</u>	<u>\$ 35</u>	<u>Lunch</u>

▶ NAME OF SOURCE
Keith Kamisugi - Media Director, Equal Justice Society
 ADDRESS (Business Address Acceptable) 94104
220 Sansome St., 14th Fl., San Francisco, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Policy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/2/09</u>	<u>\$ 60.00</u>	<u>Dinner</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Joe Tseng
 ADDRESS (Business Address Acceptable) 91108
2290 Huntington Dr., St. 200, San Marino, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Accounting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/15/09</u>	<u>\$ 55</u>	<u>Dinner - Monte</u>
____/____/____	\$ _____	<u>Jade Association</u>
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Orange County Business Council
 ADDRESS (Business Address Acceptable)
2 Park Plaza, Suite 100, Irvine, CA 92614
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/15/09</u>	<u>\$ 72.00</u>	<u>Dinner</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Robert Toigo Foundation
 ADDRESS (Business Address Acceptable)
180 Grand Avenue, #900, Oakland, CA 94612
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Finance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/18/09</u>	<u>\$ 185.00</u>	<u>Gala Dinner *</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Asia Society
 ADDRESS (Business Address Acceptable) 90071
350 S. Figueroa Street, #480, Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cultural - Educational Nonprofit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/30/09</u>	<u>\$ 300.00</u>	<u>Dinner - Gala</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: * I delivered opening remarks at the Toigo Foundation's Gala dinner.

SCHEDULE D
Income - Gifts

Name
John Chiang

▶ NAME OF SOURCE
Tappan Zee
ADDRESS (Business Address Acceptable) 91803
323 W. Valley Blvd, #200, Alhambra, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7, 6, 09</u>	<u>\$ 80.00</u>	<u>Lunch</u>
<u>9, 21, 09</u>	<u>\$ 40.00</u>	<u>Lunch</u>
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Peter Woo
ADDRESS (Business Address Acceptable) 90012
905 E. 2nd Street, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Toy Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8, 5, 09</u>	<u>\$ 65.96</u>	<u>Lunch</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Harry Tsao
ADDRESS (Business Address Acceptable) 91106
488 E. Santa Clara, #304, Arcadia, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 11, 09</u>	<u>\$ 195.00</u>	<u>Sparks game and Food</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Goldman Sachs
ADDRESS (Business Address Acceptable) 90067
2121 Avenue of the Stars, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment / Finance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7, 14, 09</u>	<u>\$ 80.00</u>	<u>2 Movie Tickets*</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Project Restore
ADDRESS (Business Address Acceptable) 90012
200 N. Spring St, Rm 1633, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 10, 09</u>	<u>\$ 65.00</u>	<u>Awards Dinner</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Chinese American Museum
ADDRESS (Business Address Acceptable) 90012
425 N. Los Angeles Street, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cultural

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 20, 09</u>	<u>\$ 60</u>	<u>Awards Banquet</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: * I sent the reimbursement more than 30 days after the event.

SCHEDULE D
Income - Gifts

Name
John Chiang

▶ NAME OF SOURCE
Milken Institute
ADDRESS (Business Address Acceptable)
1250 Fourth St. Santa Monica, CA 90401
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Think Tank

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/20/09</u>	<u>\$ 116.00</u>	<u>Reception and Dinner*</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Dr. Fernando Guerra
ADDRESS (Business Address Acceptable)
761 Terminal St. Bl 1, 2nd Fl, Los Angeles, CA 90021
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/25/09</u>	<u>\$ 62</u>	<u>White Memorial Reception</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Gabriel Monares
ADDRESS (Business Address Acceptable)
1720 W. Cameron Av #100 West Covina, CA 91790
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Water

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/25/09</u>	<u>\$ 96.50</u>	<u>Concert Ticket</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
AEG
ADDRESS (Business Address Acceptable)
800 W. Olympic Blvd #305, Los Angeles, CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sports and Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/26/09</u>	<u>\$ 58.99</u>	<u>Opening Reception**</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
KHEIR
ADDRESS (Business Address Acceptable)
3727 W. 6th St. #210 Los Angeles, CA 90020
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/28/09</u>	<u>\$ 72</u>	<u>Awards Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Charles Woo
ADDRESS (Business Address Acceptable)
905 E. 2nd St. Los Angeles, CA 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Toys

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/7/09</u>	<u>\$ 400</u>	<u>LA Police Foundation's Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: * I spoke briefly about California's cash position at the dinner. I also spoke earlier in the day on a panel at the Milken State of the State Conference.
** Tickets were picked up but I did not attend the event.

SCHEDULE D
Income - Gifts

Name
John Chang

▶ NAME OF SOURCE
Armenian National Committee - Western Region
 ADDRESS (Business Address Acceptable)
104 N. Belmont, #200, Glendale, CA 91206
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit - Cultural

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/8/09</u>	<u>\$ 200</u>	<u>Banquet Ticket</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Planned Parenthood
 ADDRESS (Business Address Acceptable) 95814
555 Capitol Mall, #500, Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/11/09</u>	<u>\$ 80.27</u>	<u>Awards Reception</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
CA Association of Professional Scientists
 ADDRESS (Business Address Acceptable) 95814
455 Capitol Mall #500, Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Represented Employee Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/23/09</u>	<u>\$ 79.35</u>	<u>Dinner</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Daniel Fong
 ADDRESS (Business Address Acceptable)
855 Washington Bl, Montebello, CA 90640
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Furniture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/5/09</u>	<u>\$ 80</u>	<u>Hong Kong School Association Dinner</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
American Israel Public Affairs Committee
 ADDRESS (Business Address Acceptable)
P.O. Box 207, San Francisco, CA 94104
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Affairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/15/09</u>	<u>\$ 200</u>	<u>Dinner</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Nelson Investment Company
 ADDRESS (Business Address Acceptable) 90212
9735 Wilshire Bl, #122 Beverly Hills, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investments

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/29/09</u>	<u>\$ 60</u>	<u>Wine</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
John Chiang

- Reminder - you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE Law Students Assoc.
Harvard University, Asian Pacific American
ADDRESS (Business Address Acceptable)
1563 Massachusetts Avenue
CITY AND STATE
Cambridge, MA 02138
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE(S): 2/27/09 - 3/1/09 AMT: \$ 863.81
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Remote speaker at conference
Airfare \$628.79, Hotel - \$235.02

▶ NAME OF SOURCE
New America Alliance
ADDRESS (Business Address Acceptable)
8150 N. Central Expressway, St. 1625
CITY AND STATE
Dallas Texas 75206
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business - Finance

DATE(S): 10/28/09 - 10/30/09 AMT: \$ 870.55
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Panelist at economic forum
Airfare \$209.20, Hotel \$461.35

▶ NAME OF SOURCE
Aspen Institute - Rodol Fellowship
ADDRESS (Business Address Acceptable)
136 East 57th Street
CITY AND STATE
New York, New York 10022-2707
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational

DATE(S): 12/10/09 - 12/14/09 AMT: \$ 2139.80
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Educational Seminar - Airfare
\$428.40 Lodging, transportation, meals
\$1,522.65 materials - \$188.75

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Comments: _____