

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Initial Filing Received

Filing Official Use Only

 E-Filed  
 03/20/2020  
 15:12:26

 Filing ID:  
 188595226

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
GnanaDev, Dev A.			

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

Department of Consumer Affairs

Division, Board, Department, District, if applicable

Your Position

Medical Board of California

Board Member

► 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)**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> State   | <input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input checked="" type="checkbox"/> County of <u>San Bernardino</u>  |
| <input type="checkbox"/> City of _____      | <input type="checkbox"/> Other _____   |

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> <b>Annual:</b> The period covered is January 1, 2019 through December 31, 2019   | <input type="checkbox"/> <b>Leaving Office:</b> Date Left ____/____/____<br>(Check one circle)     |
| -or-   | <input type="checkbox"/> The period covered is January 1, 2019 through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2019  | <input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> <b>Assuming Office:</b> Date assumed ____/____/____   |  |
| <input type="checkbox"/> <b>Candidate:</b> Date of Election _____ and office sought, if different than Part 1: _____ |  |

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 10****Schedules attached**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>Schedule A-1 - Investments</b> – schedule attached | <input checked="" type="checkbox"/> <b>Schedule C - Income, Loans, &amp; Business Positions</b> – schedule attached |
| <input checked="" type="checkbox"/> <b>Schedule A-2 - Investments</b> – schedule attached | <input type="checkbox"/> <b>Schedule D - Income – Gifts</b> – schedule attached                                     |
| <input checked="" type="checkbox"/> <b>Schedule B - Real Property</b> – schedule attached | <input type="checkbox"/> <b>Schedule E - Income – Gifts – Travel Payments</b> – schedule attached                   |

-or-

- 
- None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
400 North Pepper Ave	MOB Suite 308	Colton	CA	92324
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
( 909 ) 580-3360		gnanadevd@armc.sbcounty.gov		

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 03/20/2020  
(month, day, year)Signature Dev A. GnanaDev  
(File the originally signed paper statement with your filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

*Investments must be itemized.*

*Do not attach brokerage or financial statements.*

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

GnanaDev, Dev A.

<p>▶ NAME OF BUSINESS ENTITY <u>Reviva LLC</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>Limited Partnership in Pharmaceutical Company</u></p> <p>FAIR MARKET VALUE  <input type="checkbox"/> \$2,000 - \$10,000      <input type="checkbox"/> \$10,001 - \$100,000  <input checked="" type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT  <input type="checkbox"/> Stock      <input type="checkbox"/> Other _____  <small>(Describe)</small>  <input checked="" type="checkbox"/> Partnership      <input checked="" type="checkbox"/> Income Received of \$0 - \$499  <input type="checkbox"/> Income Received of \$500 or More <i>(Report on Schedule C)</i></p> <p>IF APPLICABLE, LIST DATE:  <u>      </u> / <u>      </u> / <b>19</b>      <u>      </u> / <u>      </u> / <b>19</b>  ACQUIRED                      DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY <u>Loop Industries</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>Recycling Company</u></p> <p>FAIR MARKET VALUE  <input type="checkbox"/> \$2,000 - \$10,000      <input type="checkbox"/> \$10,001 - \$100,000  <input checked="" type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT  <input checked="" type="checkbox"/> Stock      <input type="checkbox"/> Other _____  <small>(Describe)</small>  <input type="checkbox"/> Partnership      <input type="checkbox"/> Income Received of \$0 - \$499  <input type="checkbox"/> Income Received of \$500 or More <i>(Report on Schedule C)</i></p> <p>IF APPLICABLE, LIST DATE:  <u>      </u> / <u>      </u> / <b>19</b>      <u>      </u> / <u>      </u> / <b>19</b>  ACQUIRED                      DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY <u>Solix Technologies, Santa Clara, CA</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>Information Life Cycle Management</u></p> <p>FAIR MARKET VALUE  <input type="checkbox"/> \$2,000 - \$10,000      <input type="checkbox"/> \$10,001 - \$100,000  <input checked="" type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT  <input checked="" type="checkbox"/> Stock      <input type="checkbox"/> Other _____  <small>(Describe)</small>  <input type="checkbox"/> Partnership      <input type="checkbox"/> Income Received of \$0 - \$499  <input type="checkbox"/> Income Received of \$500 or More <i>(Report on Schedule C)</i></p> <p>IF APPLICABLE, LIST DATE:  <u>      </u> / <u>      </u> / <b>19</b>      <u>      </u> / <u>      </u> / <b>19</b>  ACQUIRED                      DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY <u>Winwire Technologies, Santa Clara, CA</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>Microsoft Net Manager</u></p> <p>FAIR MARKET VALUE  <input type="checkbox"/> \$2,000 - \$10,000      <input type="checkbox"/> \$10,001 - \$100,000  <input checked="" type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT  <input checked="" type="checkbox"/> Stock      <input type="checkbox"/> Other _____  <small>(Describe)</small>  <input type="checkbox"/> Partnership      <input type="checkbox"/> Income Received of \$0 - \$499  <input type="checkbox"/> Income Received of \$500 or More <i>(Report on Schedule C)</i></p> <p>IF APPLICABLE, LIST DATE:  <u>      </u> / <u>      </u> / <b>19</b>      <u>      </u> / <u>      </u> / <b>19</b>  ACQUIRED                      DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY <u>SMO India</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>Clinical Research Firm in Bangalore</u></p> <p>FAIR MARKET VALUE  <input type="checkbox"/> \$2,000 - \$10,000      <input type="checkbox"/> \$10,001 - \$100,000  <input checked="" type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT  <input checked="" type="checkbox"/> Stock      <input type="checkbox"/> Other _____  <small>(Describe)</small>  <input type="checkbox"/> Partnership      <input type="checkbox"/> Income Received of \$0 - \$499  <input type="checkbox"/> Income Received of \$500 or More <i>(Report on Schedule C)</i></p> <p>IF APPLICABLE, LIST DATE:  <u>      </u> / <u>      </u> / <b>19</b>      <u>      </u> / <u>      </u> / <b>19</b>  ACQUIRED                      DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY <u>International Tower Hill Mines</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>Gold and Silver Mines, Canada</u></p> <p>FAIR MARKET VALUE  <input checked="" type="checkbox"/> \$2,000 - \$10,000      <input type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT  <input checked="" type="checkbox"/> Stock      <input type="checkbox"/> Other _____  <small>(Describe)</small>  <input type="checkbox"/> Partnership      <input type="checkbox"/> Income Received of \$0 - \$499  <input type="checkbox"/> Income Received of \$500 or More <i>(Report on Schedule C)</i></p> <p>IF APPLICABLE, LIST DATE:  <u>      </u> / <u>      </u> / <b>19</b>      <u>08 / 23 / 19</u>  ACQUIRED                      DISPOSED</p>

Comments: \_\_\_\_\_

## SCHEDULE A-2

### Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>GnanaDev, Dev A.</u>

**▶ 1. BUSINESS ENTITY OR TRUST**

Medical Board of California

Name  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

State Agency

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	
<input checked="" type="checkbox"/> \$2,000 - \$10,000	<u>    </u> / <u>    </u> / <u>19</u> <u>    </u> / <u>    </u> / <u>19</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                  DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Board Member  
 Other

YOUR BUSINESS POSITION Board Member

**▶ 1. BUSINESS ENTITY OR TRUST**

GnanaDev Family Trust

Name  
PO Box 670  
Redlands, CA 92373

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	
<input type="checkbox"/> \$2,000 - \$10,000	<u>    </u> / <u>    </u> / <u>19</u> <u>    </u> / <u>    </u> / <u>19</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                  DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_  
 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

**▶ 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.)**

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

None    or     Names listed below

1523 Spy Glass Drive, Upland, CA

\_\_\_\_\_

450 W 17th Street, New York, NY- Condo

\_\_\_\_\_

325 5th Avenue, New York, NY-Condo

\_\_\_\_\_

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

Check one box:  
 INVESTMENT                       REAL PROPERTY

\_\_\_\_\_

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

\_\_\_\_\_

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	<u>    </u> / <u>    </u> / <u>19</u> <u>    </u> / <u>    </u> / <u>19</u>
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED                  DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

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

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

Check one box:  
 INVESTMENT                       REAL PROPERTY

C Street (Vacant Land) Colton, CA

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

C Street (Vacant Land) Colton, CA

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	<u>    </u> / <u>    </u> / <u>19</u> <u>    </u> / <u>    </u> / <u>19</u>
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED                  DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

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

Comments: \_\_\_\_\_

## 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 \_\_\_\_\_

GnanaDev, Dev A. \_\_\_\_\_

▶ 1. BUSINESS ENTITY OR TRUST

Cal Med Vascular LLC

Name  
410 Alabama Street, Suite 105  
Redlands, CA 92373

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

Physician Group

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/19    ____/____/19
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Corporation    Other \_\_\_\_\_

YOUR BUSINESS POSITION President

▶ 1. BUSINESS ENTITY OR TRUST

GFT Properties

Name  
PO Box 670  
Redlands, CA 92373

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

Real Estate Partnership

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/19    ____/____/19
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     LLC    Other \_\_\_\_\_

YOUR BUSINESS POSITION Partner

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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.)

None    or     Names listed below

Molina

IEHP

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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.)

None    or     Names listed below

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

Check one box:  
 INVESTMENT     REAL PROPERTY

410 Alabama Street, Ste 105 Redlands, CA 92373

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

410 Alabama Street, Ste 105, Redlands, CA 92373

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/19    ____/____/19
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> 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

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

Check one box:  
 INVESTMENT     REAL PROPERTY

1281 West C Street, Colton, CA

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

1281 West C Street, Colton, CA

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/19    ____/____/19
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> 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: \_\_\_\_\_

## 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 \_\_\_\_\_

GnanaDev, Dev A. \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

Cal Med Physician and Surgeon

---

Name  
410 Alabama Street, Suite 105  
Redlands, CA 92373

---

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

Physician Group

---

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/19    ____/____/19
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Corporation    \_\_\_\_\_  
Other

YOUR BUSINESS POSITION President

**▶ 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.)

None    or     Names listed below

Insurance Companies

---

IEHP

---

Molina

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

Check one box:  
 INVESTMENT                       REAL PROPERTY

410 Alabama St, Ste 105 Redlands, CA 92373

---

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

410 Alabama St, Ste 105 Redlands, CA 92373

---

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	____/____/19    ____/____/19
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED    DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

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

**▶ 1. BUSINESS ENTITY OR TRUST**

AMA/AMPAC

---

Name  
4735 S Ashland Avenue  
Chicago, IL 60609

---

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

Medical Society

---

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input checked="" type="checkbox"/> \$0 - \$1,999	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/19    ____/____/19
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Board Member    \_\_\_\_\_  
Other

YOUR BUSINESS POSITION Board Member

**▶ 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.)

None    or     Names listed below

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

Check one box:  
 INVESTMENT                       REAL PROPERTY

---

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

---

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	____/____/19    ____/____/19
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED    DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

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

Comments: \_\_\_\_\_

## 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 \_\_\_\_\_

GnanaDev, Dev A. \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

St. George University

Name  
1 University Centre  
St. George, GR 11111

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

University

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input checked="" type="checkbox"/> \$0 - \$1,999	____/____/19    ____/____/19
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT    Faculty Member -No Ownership

Partnership     Sole Proprietorship     \_\_\_\_\_  
Other

YOUR BUSINESS POSITION Faculty Member

**▶ 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.)

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

\_\_\_\_\_

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

\_\_\_\_\_

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/19    ____/____/19
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

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

**▶ 1. BUSINESS ENTITY OR TRUST**

Cal Med Asc LLC

Name  
410 Alabama Street, Suite 105  
Redlands, CA 92373

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

Physician Group

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/19    ____/____/19
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT    Corporation

Partnership     Sole Proprietorship     \_\_\_\_\_  
Other

YOUR BUSINESS POSITION President

**▶ 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.)

None    or     Names listed below

Molina

\_\_\_\_\_

IEHP

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

\_\_\_\_\_

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

\_\_\_\_\_

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/19    ____/____/19
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

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

Comments: \_\_\_\_\_

## 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 \_\_\_\_\_

GnanaDev, Dev A. \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

GnanaDev Family Trust (CONTINUATION)

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

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

GENERAL DESCRIPTION OF THIS BUSINESS

---

<p style="font-size: small;">FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p style="font-size: small;">IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;"> <input type="checkbox"/> <u>    </u>/<u>    </u>/<u>19</u>    <input type="checkbox"/> <u>    </u>/<u>    </u>/<u>19</u>                  ACQUIRED                      DISPOSED             </p>
--	--

NATURE OF INVESTMENT

 Partnership     Sole Proprietorship     \_\_\_\_\_ Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 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 THIS BUSINESS

---

<p style="font-size: small;">FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p style="font-size: small;">IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;"> <input type="checkbox"/> <u>    </u>/<u>    </u>/<u>19</u>    <input type="checkbox"/> <u>    </u>/<u>    </u>/<u>19</u>                  ACQUIRED                      DISPOSED             </p>
--	--

NATURE OF INVESTMENT

 Partnership     Sole Proprietorship     \_\_\_\_\_ Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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.)

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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.)

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

Off Fairmont Drive (Vacant Land)

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Off Fairmont Drive (Vacant Land)

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

<p style="font-size: small;">FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p style="font-size: small;">IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;"> <input type="checkbox"/> <u>    </u>/<u>    </u>/<u>19</u>    <input type="checkbox"/> <u>    </u>/<u>    </u>/<u>19</u>                  ACQUIRED                      DISPOSED             </p>
---	--

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

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

Check one box:  
 INVESTMENT     REAL PROPERTY

\_\_\_\_\_

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

\_\_\_\_\_

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

<p style="font-size: small;">FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p style="font-size: small;">IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;"> <input type="checkbox"/> <u>    </u>/<u>    </u>/<u>19</u>    <input type="checkbox"/> <u>    </u>/<u>    </u>/<u>19</u>                  ACQUIRED                      DISPOSED             </p>
--	--

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: \_\_\_\_\_

Additional Single Sources of Income of \$10,000 or more for Cal Med Physician and Surgeon  
Medicare



**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 410 Alabama Street  
 CITY  
 Redlands

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED: \_\_\_/\_\_\_/19 DISPOSED: \_\_\_/\_\_\_/19

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining  \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None  
 Cal Med Physicians and Surgeons

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 \_\_\_\_\_  
 CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED: \_\_\_/\_\_\_/19 DISPOSED: \_\_\_/\_\_\_/19

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining  \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from a commercial lending institution 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  
 \_\_\_\_\_  
 INTEREST RATE TERM (Months/Years)  
 \_\_\_\_\_%  None \_\_\_\_\_  
 HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\*  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_  
 INTEREST RATE TERM (Months/Years)  
 \_\_\_\_\_%  None \_\_\_\_\_  
 HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

GnanaDev, Dev A.

▶ 1. INCOME RECEIVED
▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Solix Technologies

ADDRESS (Business Address Acceptable)

4500 Great America Pkwy

Santa Clara, CA 95054

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Information Life Cycle Management

YOUR BUSINESS POSITION

Director

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 Dividends

\_\_\_\_\_ (Describe)

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 a commercial lending institution, 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: \_\_\_\_\_