

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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MAR 01 2021

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Secretary of the Senate
Pan Richard Juien-Dah

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CA State Senate

Division, Board, Department, District, if applicable

Senate District 6

Your Position

Senator

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

Agency: _____ Position: _____

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FAIR POLITICAL
PRACTICES COMMISSION
2021 MAR - 1 PM 2:54

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

- State Judge, Retired Judge, Pro Tem 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, 2020, through December 31, 2020. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2020. The period covered is January 1, 2020, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

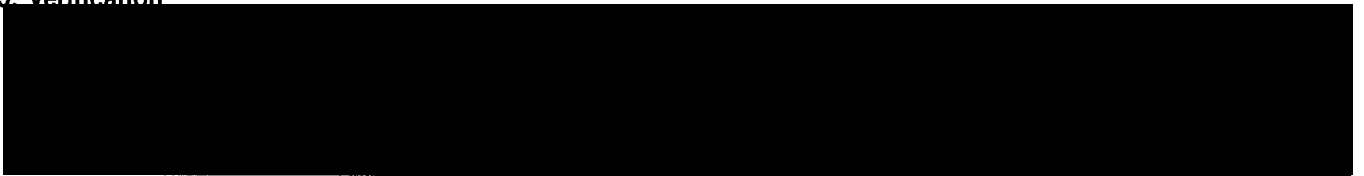
4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: _____

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



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

Date Signed 3/1/21 (month, day, year)

Signature: _____

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
Pan, Richard

▶ 1. BUSINESS ENTITY OR TRUST

Wen-Li Wang DDS, Inc.

Name
1778 Itasca Ave., Sacramento, CA 95835

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS
Dental Services

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / /20 / / /20

\$2,000 - \$10,000 ACQUIRED DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION N/A

▶ 1. BUSINESS ENTITY OR TRUST

Wang Pan California Properties, LLC

Name
1778 Itasca Ave., Sacramento, CA 95835

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 Property Investment

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 / / /20 / / /20

\$2,000 - \$10,000 ACQUIRED DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION 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

▶ 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

Butler Insurance Agency, Inc.
PlexenseBIO, Inc.

▶ 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:

\$2,000 - \$10,000 / / /20 / / /20

\$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

▶ 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
4136 E. Commerce Way, Sacramento, CA 95834

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / /20 / / /20

\$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: _____

Print
Clear

SCHEDULE D
Income – Gifts

Name
Pan, Richard

▶ NAME OF SOURCE (Not an Acronym)
CA Association of Neurosurgeons

ADDRESS (Business Address Acceptable)
5380 Elvas Avenue #215, Sacramento, CA 95819

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 18 / 20	\$ 300.00	reception & dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Sierra Sacramento Valley Medical Society

ADDRESS (Business Address Acceptable)
5380 Elvas Avenue # 219, Sacramento, CA 95819

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 29 / 20	\$ 125.00	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Lawrence Lui

ADDRESS (Business Address Acceptable)
433 California Street, San Francisco, CA 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 01 / 20	\$ 500	dinner & performance
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 20	\$ 94.88	dinner & bowling
12 / 06 / 20	\$ 48.49	gift bag
12 / 06 / 20	\$ 64.52	dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
UnitedAg

ADDRESS (Business Address Acceptable)
54 Corporate Park, Irvine, CA 92606

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agricultural Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 22 / 20	\$ 284.64	dinner
01 / 22 / 20	\$ 112.68	gift bag
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California Issues Forum

ADDRESS (Business Address Acceptable)
1717 I Street, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 27 / 20	\$ 194.00	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: The San Francisco Symphony tickets were paid down to the gift limit with personal funds

SCHEDULE D
Income – Gifts

Name
Pan, Richard

▶ NAME OF SOURCE (Not an Acronym)
University of California

ADDRESS (Business Address Acceptable)
1130 K St, Ste. 340, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
University

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 03 / 20	\$ 58.80	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
2331 Alhambra Blvd, Ste 100 Sacramento, CA 95817

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 18 / 20	\$ 88.26	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Atkins for Senate

ADDRESS (Business Address Acceptable)
374 No. Coast Hwy 101, Ste. 2, Encinitas, CA 92024

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 20	\$ 54.22	gift bag
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
ACC Senior Services

ADDRESS (Business Address Acceptable)
7334 Park City Dr., Sacramento, CA 95831

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 22 / 20	\$ 60.00	crab feed ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California International Relations Foundation

ADDRESS (Business Address Acceptable)
1020 N Street, Ste. 516, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 15 / 20	\$ 155.80	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Bloomberg for President

ADDRESS (Business Address Acceptable)
229 West 43rd Street, Suite 800 New York, NY 1003

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 02 / 20	\$ 75.00	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

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

Name
 Pan, Richard

- 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
 Johns Hopkins University

ADDRESS (Business Address Acceptable)
 1800 Orleans Street, Room 8453

CITY AND STATE
 Baltimore, MD 21287

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

DATE(S): 02/15/20 - 02/17/20 AMT: \$ 398.38
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination Baltimore, Maryland

▶ NAME OF SOURCE (Not an Acronym)
 California Association of Neonatologists

ADDRESS (Business Address Acceptable)
 12951 Camino En Flor

CITY AND STATE
 Del Mar, CA 92014

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

DATE(S): 03/06/20 - 03/06/20 AMT: \$ 229.45
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination San Diego, California

▶ 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: _____