O'Donoghue Debbie Anne

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   State Controller's Office
   Division, Board, Department, District, if applicable
   Your Position
   Deputy Controller, Public Affairs
   Position:
   If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

2. Jurisdiction of Office (Check at least one box)
   State
   Multi-County
   City of
   Judge, Retired Judge, Pro Temp Judge, or Court Commissioner (Statewide Jurisdiction)
   County of
   Other

3. Type of Statement (Check at least one box)
   Annual: The period covered is January 1, 2020, through December 31, 2020.
   The period covered is / / , through December 31, 2020.
   Assumining Office: Date assumed / / 
   Leaving Office: Date Left / / (Check one circle.)
   The period covered is January 1, 2020, through the date of leaving office.
   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 A-2 - Investments - schedule attached
   Schedule B - Real Property - schedule attached
   Schedule C - Income, Loans, & Business Positions - schedule attached
   Schedule D - Income - Gifts - schedule attached
   Schedule E - Income - Gifts - Travel Payments - schedule attached
   -or- □ None - No reportable interests on any schedule

5. Verification
   MAILING ADDRESS
   (Business or Agency Address Recommended - Public Document)
   300 Capitol Mall, Suite 1850
   Sacramento CA 95814
   DAYTIME TELEPHONE NUMBER
   EMAIL 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 March 1, 2021
   (month, day, year)
   Signature
# SCHEDULE A-2

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

(Ownership Interest is 10% or Greater)

### 1. BUSINESS ENTITY OR TRUST

**O’Donoghue Customs**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
</table>

**Address (Business Address Acceptable)**

Check one

- [ ] Trust, go to 2
- [ ] Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

**Automotive**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td>/ /20</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td>/ /20</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>ACQUIRED</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>DISPOSED</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INVESTMENT**

- [ ] Partnership
- [ ] Sole Proprietorship
- [ ] 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
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] Over $100,000

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

- [ ] None
- [ ] 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
- [ ] N/A

**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**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ /20</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>ACQUIRED</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>DISPOSED</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INTEREST**

- [ ] Property Ownership/Deed of Trust
- [ ] Stock
- [ ] Partnership
- [ ] Leasehold
- [ ] Other

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

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

## 1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>NAME OF SOURCE OF INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay Area SMACNA</td>
<td></td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>7677 Oakport Street, Suite 805 Oakland, CA 94621</td>
<td></td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
</tr>
<tr>
<td>Trade Association</td>
<td></td>
</tr>
<tr>
<td>YOUR BUSINESS POSITION</td>
<td>YOUR BUSINESS POSITION</td>
</tr>
<tr>
<td>None - spouse employer</td>
<td></td>
</tr>
</tbody>
</table>

### GROSS INCOME RECEIVED
- $500 - $1,000
- $1,001 - $10,000
- OVER $100,000

### CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- Salary
- Spouse’s or registered domestic partner’s income
- Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

### 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:*

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>None</td>
</tr>
</tbody>
</table>

### SECURITY FOR LOAN
- None
- Personal residence

### HIGHEST BALANCE DURING REPORTING PERIOD
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

### STREET ADDRESS

<table>
<thead>
<tr>
<th>Real Property</th>
<th>Street address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CITY

<table>
<thead>
<tr>
<th>Guarantor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OTHER

<table>
<thead>
<tr>
<th>Other</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

---

FPPC Form 700 - Schedule C (2020/2021)
advice@fppc.ca.gov 855-275-3772 www.fppc.ca.gov
Page 13