Sertich

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   State Controller's Office
   Division, Board, Department, District, if applicable
   Executive Office
   Your Position
   Deputy Controller
   ▶ 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
   ☐ Multi-County ________________
   ☐ County of ______________________
   ☐ City of __________________________

3. Type of Statement (Check at least one box)
   ☒ Annual: The period covered is January 1, 2019, through December 31, 2019.
   -or-
   The period covered is ____________ / ____________ / ____________, through December 31, 2019.
   ☐ Leaving Office: Date Left ____________ / ____________ / ____________
   (Check one circle.)
   □ The period covered is January 1, 2019, through the date of leaving office.
   -or-
   The period covered is ____________ / ____________ / ____________, through the date of leaving office.
   ☐ Assuming Office: Date assumed ____________ / ____________ / ____________
   ☐ 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: 2
   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
   CITY  STATE  ZIP CODE
   STREET
   DAYTIME TELEPHONE NUMBER
   ( )
   EMAIL ADDRESS
   Date Signed: March 24, 2020

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: ____________________________
(signature)

(Fill the originally signed paper statement with your filing official.)
Form 700 – Filing for Multiple Positions

<table>
<thead>
<tr>
<th>Agency</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Debt Limit Allocation Committee</td>
<td>Board Member</td>
</tr>
<tr>
<td>California Tax Credit Allocation Committee</td>
<td>Board Member</td>
</tr>
</tbody>
</table>