CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER
(LAST) Paquin

(FIRST) Lynn

(MIDDLE) E.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Controller's Office
Division, Board, Department, District, if applicable
Executive Office
Your Position
Deputy Controller, Investments

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

Agency: See attached list.

Position: Board Designee

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, 2019, through December 31, 2019.
   -or-
   The period covered is __________/____________, through December 31, 2019.

☐ Leaving Office: Date Left __________/____________
   (Check one circle.)

☐ Assuming Office: Date assumed __________/____________

☐ The period covered is January 1, 2019, through the date of leaving office.
   -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 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
300 Capitol Mall, Suite 1850
Sacramento
CA 95814

STREET

CITY

STATE

ZIP CODE

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 3/17/20

(month, day, year)

Signature ____________________________

(You use unsigned portfoli paper statement with your name official)

FPCC Form 700 - Cover Page (2019/2020)

advice@fpcc.ca.gov • 866-275-3772 • www.fpcc.ca.gov

Page - 5
**SCHEDULE B**

**Interests in Real Property**

(Including Rental Income)

**ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**

2816 Land Park Drive

**CITY**

Sacramento

**FAIR MARKET VALUE**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Acquired</th>
<th>Disposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ / 19</td>
<td>/ / 19</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000</td>
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</table>

**NATURE OF INTEREST**

- Ownership/Deed of Trust
- Easement
- Leasehold
- Other

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**

<table>
<thead>
<tr>
<th>Amount</th>
<th></th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>$500 - $1,000</td>
<td></td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
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**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

Rafael Matsoyan and Araxia Manukyan

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* 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**

<table>
<thead>
<tr>
<th>Rate</th>
<th>None</th>
</tr>
</thead>
</table>

**TERM (Month/Year)**

**HIGHEST BALANCE DURING REPORTING PERIOD**

<table>
<thead>
<tr>
<th>Amount</th>
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<tbody>
<tr>
<td>$500 - $1,000</td>
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**Guarantor, if applicable**

**NAME OF LENDER**

**ADDRESS (Business Address Acceptable)**

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**Guarantor, if applicable**

Comments:
FORM 700 — STATEMENT OF ECONOMIC INTERESTS

COVER PAGE — ADDENDUM

1. Office, Agency, or Court

List of additional positions – Board Designee for:

California Public Employees’ Retirement System (CalPERS) Board of Administration
California State Teachers’ Retirement System (CalSTRS) Board of Administration
California Alternative Energy and Advanced Transportation Financing Authority
California Debt and Investment Advisory Commission
California Debt Limit Allocation Committee
California Educational Facilities Authority
California Health Facilities Financing Authority
California Pollution Control Financing Authority
California Tax Credit Allocation Committee
California Transportation Financing Authority
Pooled Money Investment Board