CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER (LAST)  (FIRST)  (MIDDLE)
Walkow  Jacqueline  Wong-Hernandez

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
State Controller's Office
Division, Board, Department, District, if applicable
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
☐ City of
☐ 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, 2018, through December 31, 2018.
☐ Leaving Office: Date Left __/__/______ (Check one circle.)
☐ The period covered is __/__/______ through December 31, 2018.
☐ 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: __72__
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

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS  STREET  CITY  STATE  ZIP CODE
300 Capitol Mall, Suite 1850  Sacramento  Ca  95814

EMAIL ADDRESS
jwong-hernandez@sco.ca.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 2/15/19  Signature
(month, day, year)

FPPC Form 700 (2018/2019)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
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CA Secure Choice Retirement Savings Investment Board
CA Health Facilities Financing Authority
CA Educational Facilities Authority
CA Alternative Energy and Advanced Transportation Financing Authority
CA Pollution Control Financing Authority
CA Debt and Investment Advisory Commission
Commission on State Mandates
CA Coastal Commission
CA Ocean Protection Council
CA State Lands Commission
State Public Works Board