STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER

Winger

(LAST)

Nicole

(FIRST)

Denise

(MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Controller

Division, Board, Department, District, if applicable

Your Position

Deputy Controller, Public Affairs

► 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 __/___/______

☐ The period covered is __/___/______, through December 31, 2018.

☐ Assumming Office: Date assumed __/___/______

☐ 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: 3

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

STREET

CITY

STATE CA

ZIP CODE 95814

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

nwinger@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 March 29, 2019

(month, day, year)

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

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Capital Public Radio

ADDRESS (Business Address Acceptable)
7055 Folsom Blvd., Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Journalism, Entertainment

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
☐ $500 - $1,000
☒ $10,001 - $100,000
☐ 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.)
☐ Sale of ______________________________________________________
☐ Loan repayment
☐ Commission or ☐ Rental Income, list each source of $10,000 or more

(Describe)

☐ Other ________________________

(Describe)

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:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

INTEREST RATE

□ □ % □ None

TERM (Months/Years)

□ □

SECURITY FOR LOAN
☐ None
☐ Personal residence
☐ Real Property ____________________________________________________________
☐ Guarantor ______________________________________________________________
☐ Other ________________________

Comments: ____________________________

FPPC Form 700 (2018/2019)  
FPPC Advice Email: advice@fppc.ca.gov  
FPPC Toll-Free Helpline: 855/275-3772 www.fppc.ca.gov  
Page - 13
SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- 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)
Milken Institute

ADDRESS (Business Address Acceptable)
1250 Fourth Street
CITY AND STATE
Santa Monica, CA

☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public policy and economic research

DATE(S): 08/07/18 - 08/07/18 AMT: $95.00
(If gift)

MUST CHECK ONE:
☒ Gift - or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Meals at the Institute’s 2018 California Summit

If Gift, Provide Travel Destination
Sacramento

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:

FPPC Form 700 (2018/2019)
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FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
Page - 17