CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  

STATEMENT OF ECONOMIC INTERESTS  

COVER PAGE  

A PUBLIC DOCUMENT  

Please type or print in ink.  

NAME OF FILER (LAST)  

Sertich  

(FIRST)  

Anthony  

(MIDDLE)  

T  

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, Housing Policy  

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

Agency:  

see attachment  

Position:  

2. Jurisdiction of Office (Check at least one box)  

☑ State  

☐ 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, 2018, through December 31, 2018.  

☐ Leaving Office: Date Left ___/___/_____.  

☐ -or-  

☐ 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: 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  

300 Capitol Mall, Suite 1850  

Sacramento CA 95814  

STREET  

CITY STATE ZIP CODE  

(Check the box of Business or Agency Address Recommended - Public Document)  

DAYTIME TELEPHONE NUMBER  

EMAIL ADDRESS  

tsertich@co.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 2/19/2019  

(month, day, year)  

Signature —  

(paste originally signed paper statement with your filing official.)  

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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<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>