**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS**
COVER PAGE

Please type or print in ink.

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<th>NAME OF FILER</th>
<th>(LAST)</th>
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1. **Office, Agency, or Court**
   - Agency Name: (Do not use acronyms)
     - State Controller
   - Division, Board, Department, District, if applicable
     - Executive
   - Your Position
     - Deputy
   ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

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<th>Agency:</th>
<th>Position:</th>
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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, 2015, through December 31, 2015.
     - The period covered is / / , through December 31, 2015.
   - [ ] Assuming Office: Date assumed / / 

   □ Leaving Office: Date Left / / (Check one)
     ◐ The period covered is January 1, 2015, through the date of leaving office.
     ◐ The period covered is / / , through the date of leaving office.

   □ Candidate: Election year 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

   - [ ] None - No reportable interests on any schedule

5. **Verification**
   - MAILING ADDRESS
     - 300 CAPITOL MAL, SACRAMENTO, CA 95814
   - STREET
     - 300 CAPITOL MAL
   - CITY
     - SACRAMENTO
   - STATE
     - CA
   - ZIP CODE
     - 95814
   - DAYTIME TELEPHONE NUMBER
     - (916) 322-695
   - E-MAIL ADDRESS
     - decker @ 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: 25 March 2016
(month, day, year)

Signature

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
# SCHEDULE D

## Income – Gifts

### Fullbright Foundation

**Name:**

<table>
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<tr>
<th>Date (mm/dd/yy)</th>
<th>Value</th>
<th>Description of Gift(s)</th>
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<tbody>
<tr>
<td>2/2/2015</td>
<td>$2,500</td>
<td>Fellowship</td>
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**Address:**

1400 K ST.

**City:**

Washington, DC 20005

**Business Activity, If Any, of Source:** Fellowship

**Name of Source (Not an Acronym):**

**Address (Business Address Acceptable):**

**Business Activity, If Any, of Source:**

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**Comments:**

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*FPPC Advice Email: advice@fppc.ca.gov*

*FPPC Toll-Free Helpline: 866/275-3772  www.fppc.ca.gov*