STATEMENT OF ECONOMIC INTERESTS
AMENDMENT

NAME OF FILER
Paquin

(LAST) Lynn

(First) (Middle)

1. Office, Agency, or Court
   Agency Name: (Do not use acronyms)
   California State Controller's Office
   Your Position: Deputy Controller, Investments
   Division, Board, Department, District, if applicable: Executive Office
   If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
   Agency: See attached list

2. Jurisdiction of Office (Check at least one box)
   ☑ State
   [] Multi-County
   [] City of
   [] County of
   [] Other

3. Type of Statement (Check at least one box)
   ☑ Annual: The period covered is January 1, 2016, through December 31, 2016.
   -or-
   The period covered is __________/__________ through December 31, 2016.
   [] Assuming Office: Date assumed __________/__________
   [] Leaving Office: Date Left __________/__________
   (Check one)
   -or-
   The period covered is __________/__________ through the date of leaving office.
   -or-
   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: ______

   Schedules attached
   [] Schedule A-1 - Investments - schedule attached
   [] Schedule A-2 - Investments - schedule attached
   [X] 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, Sacramento, CA 95814
Street: Sacramento
City: CA
State: CA
ZIP Code: 95814
Daytime Telephone Number: (916) 324-9756
Email Address: [redacted]

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

Date Signed: 2/17/17

Signature: [redacted]

File the originally signed statement with your filing official.

FFPC Form 700 (2016/2017)
FFPC Advice Email: advice@fppc.ca.gov
FFPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
/ / 16
/ / 16
ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust
☐ Easement

☐ Leasehold 
☐ Yes, remaining 
☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ OVER $100,000

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

* You are not required to report loans from commercial lending institutions 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

TERM (Months/Years)

☐ % ☐ None

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

☐ Guarantor, if applicable

Filer's Verification

Print Name

Office, Agency or Court

Statement Type ☐ 2016/2017 Annual ☐ Assuming ☐ Leaving
☐ 2017 Annual ☐ Candidate

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed (month, day, year)

Filer's Signature

FFPC Form 700 (2016/2017) Sch. B
FFPC Advice Email: advice@ffpc.ca.gov
FFPC Toll-Free Helpline: 866/275-3772 www.ffpc.ca.gov
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 Industrial Development Financing Advisory Commission
   California Pollution Control Financial Authority
   California Tax Credit Allocation Committee
   California Transportation Financing Authority
   Pooled Money Investment Board