

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

SCO-PERSONNEL
 HUMAN RESOURCES
 Date Initial Filing Received
 Use Only
 2017 MAR 29 PM 3:16

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Winger Nicole Denise

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 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, 2016, through December 31, 2016.
 -or-
 The period covered is ____/____/____, through December 31, 2016.
 Assuming Office: Date assumed ____/____/____
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2016, 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: 3

Schedules attached

Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached
 Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached
 Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 300 Capitol Mall, Suite 1850 Sacramento CA 95814
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (916) 445-2636 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 03/29/2017 Signature _____
 (month, day, year)

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Nicole Winger

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Capital Public Radio

ADDRESS (Business Address Acceptable)
 7055 Folsom Boulevard, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Journalism, Entertainment

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

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 commercial lending institutions, 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 _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
 Nicole Winger

- 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. These payments are not subject to the gift limit, but 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/think tank
 DATE(S): 10 / 25 / 16 - 10 / 25 / 16 AMT: \$ 65.00
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Meals at the Institute's 2016 California Summit
 ▶ If Gift, Provide Travel Destination Los Angeles

▶ 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/think tank
 DATE(S): 06 / 08 / 16 - 06 / 08 / 16 AMT: \$ 45.06
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Buffet lunch at Policy and California's Economy briefing
 ▶ 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: _____