STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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

1. Office, Agency, or Court
Agency Name: State Controller
Division, Board, Department, District, if applicable
Your Position: Deputy Controller, Public Affairs

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

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left
☐ Other

4. Schedule Summary (must complete) Total number of pages including this cover page: 3

☐ 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 Mall, Suite 1850
Sacramento CA 95814

DAYTIME TELEPHONE NUMBER
(916) 445-2636

E-MAIL ADDRESS
n winger@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 30, 2018

Signature: ____________________________

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

Date, Initial Filing Received
HPM 2/49

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
# SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

## Name
Nicole Winger

### 1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>Name of Source of Income</th>
<th>Address (Business Address Acceptable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Public Radio</td>
<td>7055 Folsom Blvd, Sacramento</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Activity, if Any, of Source</th>
<th>Your Business Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Journalism, Entertainment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross Income Received</th>
<th>No Income - Business Position Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
<td>$1,001 - $10,000</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>OVER $100,000</td>
</tr>
</tbody>
</table>

Consideration for which income was received:
- [X] Salary
- [ ] Spouse’s or registered domestic partner’s income
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

<table>
<thead>
<tr>
<th>Sale of</th>
<th>(Describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Loan repayment</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Commission or</th>
<th>Rental Income, list each source of $10,000 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th>(Describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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:

<table>
<thead>
<tr>
<th>Name of Lender*</th>
<th>Address (Business Address Acceptable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Activity, if Any, of Lender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest Balance During Reporting Period</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
<td></td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
</tr>
<tr>
<td>OVER $100,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interest Rate</th>
<th>Term (Months/Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Security for Loan</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Personal residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guarantor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th>(Describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

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FPIC Form 700 (2017/2018) Sch. C
FPIC Advice Email: advice@fppc.ca.gov
FPIC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
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. 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
  DATE(S): 05/16/17, 05/16/17 AMT: $25.00
  (If gift)
  MUST CHECK ONE: ☑ Gift ☐ Income
  Made a Speech/Participated in a Panel
  Other - Provide Description Lunch(boxed) at "The Future of the State's Housing Dilemma and its Economy"
  If Gift, Provide Travel Destination Sacramento

- NAME OF SOURCE (Not an Acronym)
  California State Association of Counties
  ADDRESS (Business Address Acceptable)
  1100 K Street #101
  CITY AND STATE
  Sacramento, CA
  ☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
  Advocacy and professional education
  DATE(S): 05/18/17, 05/18/17 AMT: $35.00
  (If gift)
  MUST CHECK ONE: ☑ Gift ☐ Income
  Made a Speech/Participated in a Panel
  Other - Provide Description Buffet breakfast at Women's Leadership Forum Event

- 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): 10/08/17, 10/08/17 AMT: $65.00
  (If gift)
  MUST CHECK ONE: ☑ Gift ☐ Income
  Made a Speech/Participated in a Panel
  Other - Provide Description Meals at the Institutes 2017 California Summit
  If Gift, Provide Travel Destination Los Angeles

Comments: __________________________

FPPC Form 700 (2017/2018) Sch. E
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