CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
O'TOOLE	DAVE	JOSEPH

1. Office, Agency, or Court

Agency Name: STATE CONTROLLER'S OFFICE

Division, Board, Department, District, if applicable: POLICY

Your Position: DIRECTOR

► If filing for multiple positions, list below or on an attachment.

Agency: SEE ATTACHMENT

Position:

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

- [x] State
- [ ] Multi-County
- [ ] City of
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of
- [ ] Other

3. Type of Statement *(Check at least one box)*

- [x] **Annual:** The period covered is January 1, 2011, through December 31, 2011.
  -or-
  The period covered is ___/___/___, through December 31, 2011.
- [ ] **Assuming Office:** Date assumed ___/___/___
- [ ] **Candidate:** Election Year ___ Office sought, if different than Part 1:
- [ ] **Leaving Office:** Date Left ___/___/___ *(Check one)*
  - ○ The period covered is January 1, 2011, through the date of leaving office.
  - ○ The period covered is ___/___/___, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** ___

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [ ] **Schedule A-2** - *Investments* – schedule attached
- [ ] **Schedule B** - *Real Property* – schedule attached
- [x] **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 (STREET, CITY, STATE, ZIP CODE): 300 CAPITOL MALL, SUITE 1850, SACRAMENTO, CA 95822
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER: (916) 445 2636

E-MAIL ADDRESS (OPTIONAL): DOTOOLE@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 FEB 22, 2012 *(month, day, year)*

Signature [redacted]
(File the originally signed statement with your filing official.)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name [redacted]

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
MOXIE COMMUNICATIONS CONSULTING

ADDRESS *(Business Address Acceptable)*
P.O. BOX 189319, SACRAMENTO, CA. 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE
FREELANCE WRITING

YOUR BUSINESS POSITION
COMMUNICATIONS SPECIALIST

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [x] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Partnership
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- [ ] Other _____ *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
RETROSPECTIVES

ADDRESS *(Business Address Acceptable)*
P.O. BOX 189319, SACRAMENTO, CA 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE
PERSONAL HISTORIAN SERVICES

YOUR BUSINESS POSITION
PERSONAL HISTORIAN

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [x] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [x] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Partnership
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- [ ] 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:

ATTACHMENT

February 22, 2012

California Form 700

From: Dave O'Toole

To: Fair Political Practices Commission

I represent the State Controller as a voting member of the following boards, commissions, and authorities:

California State Public Works Board

California Health Facilities Financing Authority

California Educational Facilities Financing Authority

California Debt Limit Allocation Committee

California Debt and Investment Advisory Committee

California Tax Credit Allocation Committee

California Industrial Development Financing Advisory Commission

California Pollution Control Financing Authority

Pooled Money Investment Board

Commission on State Mandates

Highway Safety, Traffic Reduction, Air Quality, and Port Security Finance Committee

Technology Services Board

California Alternative Energy and Advanced Transportation Financing Authority