CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Holton-Hodson	Ruth	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
State Controller

Division, Board, Department, District, if applicable

Your Position
Deputy Controller Health and Consumer Policy

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: CalPERS, CHFFA

Position: designated representative

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, 2013, through December 31, 2013.

-or-

The period covered is ____/____/_____, through December 31, 2013.

[ ] **Assuming Office:** Date assumed ____/____/_____

[ ] **Candidate:** Election year _____ and office sought, if different than Part 1: _____

[ ] **Leaving Office:** Date Left ____/____/_____ *(Check one)*

○ The period covered is January 1, 2013, 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
- [ ] **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 (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
1725 Vallejo Way	Sacramento	Ca	95818

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(916) 445-8551	rholton-hodson@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 und[redacted]e of California that the foregoing is true and correct.

Date Signed [redacted] (month, day, year)

Signature 3/27/2014 (File the originally signed statement with your filing official.)

2014 MAR 27 PM 4:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Ruth Holton-Hodson

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: Kings

ADDRESS *(Business Address Acceptable)*: Sleep Train Arena, Sac., CA.

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Basketball team.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/10/13	$ 200	tickets + parking pass for 2.
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

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Comments:

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: Ruth Holton-Hodson

▶ 1. BUSINESS ENTITY OR TRUST

Ruth Holton-Hodson Trust
Name

1725 Vallejo way, Sacramento,CA 95818
Address *(Business Address Acceptable)*

Check one
☑ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☑ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☑ INVESTMENT ☐ REAL PROPERTY

Allianzgi NFG small cap
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

investment fund
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☑ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED 1/30/13 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☑ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☑ Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Dorothy B Holton Testementary Trust
Name

1725 vallejo Way, Sacramento, CA 95818
Address *(Business Address Acceptable)*

Check one
☑ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☑ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☑ INVESTMENT ☐ REAL PROPERTY

Tortoise FLP Fund
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

investment fund
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☑ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
7/16/13 ACQUIRED ___/___/13 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☑ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

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Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

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CALIFORNIA FORM
FAIR POLITICAL PRACTICES COMMIS

Name

Ruth Holton Hodson

<BLUE> is a required field

* Select from drop down list

1. Business Entity or Trust							2. Gross Income Received	3. Sources of Income of $10,000 or more	4. Investments or Interests in Real Property Held by the Busines Trust (Use a separate line for each investment or real property interest.)				
NAME AND ADDRESS OF BUSINESS ENTITY OR TRUST (Business Address Acceptable) (If Trust, go to 2)	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	FAIR MARKET VALUE*	LIST DATE ACQUIRED OR DISPOSED (mm/dd/2013)	A or D	NATURE OF INVESTMENT (if "other," describe)*	YOUR BUSINESS POSITION	INCLUDE YOUR PRO RATA SHARE OF GROSS INCOME TO ENTITY/TRUST*	LIST SINGLE SOURCES OF INCOME OF $10,000 OR MORE	INVESTMENT-BUSINESS ENTITY/NAME, AND BUSINESS ACTIVITY	REAL PROPERTY-LIST PRECISE LOCATION OF REAL PROPERTY	FAIR MARKET VALUE*	LIST DATE ACQUIRED OR DISPOSED (mm/dd/2012)	A or D
Ruth Holton-Hodson Trust	energy						100%		consolidated edison holding company		$10,001 - $100,000		

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

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CALIFORNIA FORM
FAIR POLITICAL PRACTICES COMMIS

Name
Ruth Holton Hodson

<BLUE> is a required field

** Select from drop down list*

1. Business Entity or Trust							2. Gross Income Received	3. Sources of Income of $10,000 or more	4. Investments or Interests in Real Property Held by the Busines Trust *(Use a separate line for each investment or real property interest.)*				
NAME AND ADDRESS OF BUSINESS ENTITY OR TRUST *(Business Address Acceptable)* (If Trust, go to 2)	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	FAIR MARKET VALUE*	LIST DATE ACQUIRED OR DISPOSED (mm/dd/2013)	A or D	NATURE OF INVESTMENT (if "other," describe)*	YOUR BUSINESS POSITION	INCLUDE YOUR PRO RATA SHARE OF GROSS INCOME TO ENTITY/TRUST*	LIST SINGLE SOURCES OF INCOME OF $10,000 OR MORE	INVESTMENT-BUSINESS ENTITY/NAME, AND BUSINESS ACTIVITY	REAL PROPERTY-LIST PRECISE LOCATION OF REAL PROPERTY	FAIR MARKET VALUE*	LIST DATE ACQUIRED OR DISPOSED (mm/dd/2012)	A or D
Dorothy B Hoiton testemetary Trust	Investment Fund						33 %		FPA Crescent INSTL		$10,001 - $100,000	7/16/13	A
	— " —						33 %		PIMCO All Asset		$10,001 - $100,000	7/16/13	A