

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Paquin Lynn E.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Controller's Office
Division, Board, Department, District, if applicable
Executive Office
Your Position
Deputy Controller, Investments

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

Agency: See attached list. Position: Board Designee

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

- State
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual:** The period covered is January 1, 2019, through December 31, 2019.
-or- The period covered is ____/____/____, through December 31, 2019.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
○ The period covered is January 1, 2019, through the date of leaving office.
-or-
○ The period covered is ____/____/____, through the date of leaving office.

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
- 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 STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
300 Capitol Mall, Suite 1850 Sacramento CA 95814
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
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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 3/17/20 Signature _____
(month, day, year) (file the originally signed paper statement with your filing official.)

FORM 700 – STATEMENT OF ECONOMIC INTERESTS

COVER PAGE – ADDENDUM

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 Pollution Control Financing Authority

California Tax Credit Allocation Committee

California Transportation Financing Authority

Pooled Money Investment Board