

2017 MAR -1 AM 9:51

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
DOTEN REBECCA ANNE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
STATE CONTROLLER'S OFFICE
Division, Board, Department, District, if applicable Your Position
EXECUTIVE OFFICE - LOS ANGELES ASSISTANT DEPUTY CONTROLLER

► 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. Leaving Office: Date Left ____/____/_____
(Check one)
- or- The period covered is ____/____/_____, through December 31, 2016. The period covered is January 1, 2016, through the date of leaving office.
- Assuming Office: Date assumed ____/____/_____. -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: 2

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)
888 S FIGUEROA STREET, SUITE 2050 LOS ANGELES CA 90017
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(213) 833-6010 BDOTEN@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 02/27/2017
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name _____

▶ NAME OF SOURCE (Not an Acronym)
SONY PICTURES STUDIOS
 ADDRESS (Business Address Acceptable)
10202 W. WASHINGTON BLVD, CULVER CITY, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
ENTERTAINMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 16	\$ 15	Screening
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
PARAMOUNT PICTURES
 ADDRESS (Business Address Acceptable)
5555 MELROSE AVE, LA, CA 90038
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
ENTERTAINMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 21 / 16	\$ 20	Screening
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
CHANGE MAKERS @ USC
 ADDRESS (Business Address Acceptable)
3551 Trousdale Parkway, Suite 260, LA, CA 90089
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
UNIVERSITY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 02 / 16	\$ 20	Panel & Reception
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ 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)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

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