

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Wong-Hernandez Jacqueline

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Office of the State Controller
Division, Board, Department, District, if applicable Your Position
Deputy Controller

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

Agency: See attached Position: Board Designee

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

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

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

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)
300 Capitol Mall, Suite 1850 Sacramento CA 95814
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
()

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 01/22/2020 Signature _____
(month, day, year) atement with your filing official.)

SCHEDULE D
Income – Gifts

Name
 Jacqueline Wong-Hernandez

▶ NAME OF SOURCE *(Not an Acronym)*
 Tony Sertich

ADDRESS *(Business Address Acceptable)*
 300 Capitol Mall, Suite 1850

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 ALS Foundation of Greater Sacramento, Board Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 09 / 19	\$ 150	Ticket to ALS fundraiser
/ /	\$	
/ /	\$	

▶ 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)*

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/ /	\$	
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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

California State Controller Betty T. Yee – Boards and Commissions 2019

Commission on State Mandates (CSM)

CA Debt & Investment Advisory Commission

CA Educational Facilities Authority (CEFA) –

CA Health Facilities Financing Authority (CHFFA)

CA Pollution Control Financing Authority (CPCFA)

State Lands Commission

State Public Works Board (PWB)

General Obligation Bond Finance Committees

CA Alternative Energy and Advanced Transportation Finance Authority

CA Coastal Commission (even numbered years)

CA Secure Choice Retirement Savings Board (added Oct. 2013)

Ocean Protection Council (even numbered years)