

COVER PAGE

2015 MR 30 PM 12:55

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) AKA  
 Fowler Blake Douglas ADMINISTRATION

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
 State Treasurer's Office  
 Division, Board, Department, District, if applicable  
 Public Finance Division  
 Your Position  
 Director

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

Agency: See attached 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, 2014, through December 31, 2014.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 (Check one)  
 The period covered is January 1, 2014, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: \_\_\_\_\_

- 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)  
 915 Capitol Mall, Room 269 Sacramento Ca 95814

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 916 ) 653-2903 bfowler@treasurer.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 03/30/2015 Signature \_\_\_\_\_  
 (month, day, year) (File the originally signed statement with your filing official.)



Blake Fowler

Addendum to SEI Form 700

**California Economic Recovery Financing Committee**

Department of Finance

Attn: Jeanna Wimberly, FPPC Filing Officer

915 "L" Street, Suite 1280

Sacramento, CA 95814

**Golden State Tobacco Securitization Corporation**

California Department of Finance

Attn: Jeanna Wimberly, FPPC Filing Officer

915 L Street, Suite 1280

Sacramento, CA 95814

**State Public Works Board**

California Department of Finance

Attn: Jeanna Wimberly, FPPC Filing Officer

915 L Street, 6<sup>th</sup> Floor

Sacramento, CA 95814

✓ **California State Treasurer's Office**

Attn: Brittney Trost, FPPC Filing Officer

915 Capitol Mall, Room 538

Sacramento, CA 95814

**California Infrastructure and Economic Development Bank (IBANK)**

Attn: Elizabeth Wood, FPPC Filing Officer

1325 J Street, 18<sup>th</sup> Floor

Sacramento, CA 95814