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NAME OF FILER (LAST) PAXSON (FIRST) MARK (MIDDLE) A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

STATE TREASURER'S OFFICE

Division, Board, Department, District, if applicable

Your Position

GENERAL COUNSEL

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, Multi-County, City of, Judge or Court Commissioner, County of, Other

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

- Annual, Leaving Office, Assuming Office, Candidate

4. Schedule Summary

- Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE 915 CAPITOL MALL SACRAMENTO CA 95814 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (916) 653-2995

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 3/12/15 Signature [Redacted]