

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

Date Initial Filing: 2015 JAN 21 12:48 PM  
 STATE OF CALIFORNIA

2015 JAN 21 PM 12:48

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Stivers Mark Leslie ADMINISTRATION

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

State Treasurer's Office

Division, Board, Department, District, if applicable

Your Position

Tax Credit Allocation Committee

Executive Director

► 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 (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.
- Assuming Office:** Date assumed 01 / 21 / 2015
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

- 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)  
 915 Capital Mall, Suite 485 Sacramento CA 95814

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 916 ) 654-6340 mark.stivers@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 01/21/2015  
 (month, day, year)

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

SCHEDULE A-1  
Investments

Stocks, Bonds, and Other Interests  
(Ownership Interest is Less Than 10%)  
Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Mark Stivers

▶ NAME OF BUSINESS ENTITY  
IBM

GENERAL DESCRIPTION OF THIS BUSINESS  
Technology

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
                                  Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
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                                  Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED                  DISPOSED

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GENERAL DESCRIPTION OF THIS BUSINESS

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 Partnership     Income Received of \$0 - \$499  
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IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED                  DISPOSED

Comments: \_\_\_\_\_



**SCHEDULE D**  
**Income – Gifts**

Name  
 Mark Stivers

▶ NAME OF SOURCE (Not an Acronym)  
 California Council on Science and Technology

ADDRESS (Business Address Acceptable)  
 1130 K Street, Suite 280, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Fellowship Program

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 05 / 16	\$ 95.00	reception/dinner
/ /	\$	
/ /	\$	

▶ 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)  
 Mark DeSaulnier for Assembly 2016 (ID# 1354084)

ADDRESS (Business Address Acceptable)  
 5429 Madison Avenue, Sacramento, CA 95841

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 14	\$ 20.92	Lunch
04 / 10 / 14	\$ 20.00	Lunch
06 / 26 / 14	\$ 16.96	Lunch

▶ 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)  
 Mark DeSaulnier for Assembly 2016 (ID# 1354084)

ADDRESS (Business Address Acceptable)  
 5429 Madison Avenue, Sacramento, CA 95841

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 09 / 14	\$ 29.14	Lunch
/ /	\$	
/ /	\$	

▶ 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: Senator Mark DeSaulnier was my boss as chair of the Senate Transportation and Housing Committee.