

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Wong-Martinusen Collin L.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 State Treasurer's Office
 Division, Board, Department, District, if applicable Your Position
 Chief of Staff

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

Agency: CalPERS/CaISTRS Position: State Treasurer's designee

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)
 -or- The period covered is ____/____/____, through
 ○ The period covered is January 1, 2014, through the date of leaving office.
- Assuming Office: Date assumed 01 / 05 / 2015 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: 3

- 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, Suite 110 Sacramento CA 95814
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (916) 653-7851 CWong-Martinusen@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 1-5-15 Signature _____
 (month, day, year) (File the originally signed statement with your filing official.)

