

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Carroll Katie Elaine

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

Agency Name  
 State Treasurer's Office  
 Division, Board, Department, District, if applicable  
 Executive Office  
 Your Position  
 Deputy Treasurer

► If filing for multiple positions, list below or on an attachment.

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, 2011, through December 31, 2011.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2011.
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Check one)
- The period covered is January 1, 2011; through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

- Check applicable schedules or "None." ► Total number of pages including this cover page: 1
- 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 Capitol Mall, Room 110 Sacramento CA 95814  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
 ( 916 ) 653-2995 kcarroll@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 3-26-12  
 (month, day, year)

Signature Katie E. Carroll  
 (File the originally signed statement with your filing official.)