

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
 FAIR POLITICAL PRACTICES COMMISSION
Date Received
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2012 MAR -1 AM 11:34

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 LOCKYER BILL

1. Office, Agency, or Court

Agency Name
 STATE TREASURER'S OFFICE
 Division, Board, Department, District, if applicable Your Position
 CALIFORNIA STATE TREASURER

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

Agency: _____ 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: _____

- 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 BLOCKYER@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 2/21/12
(month, day, year)

Signature Bill Lockyer
(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
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name BILL LOCKYER

▶ NAME OF BUSINESS ENTITY
NASDAQ100

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Securities

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:
 ____/____/11 ____/____/11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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 Stock Other _____
(Describe)
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IF APPLICABLE, LIST DATE:
 ____/____/11 ____/____/11
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name BILL LOCKYER
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▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>FURTADO, JASPOVICE & SIMONS</u> ADDRESS (Business Address Acceptable) <u>22274 Main Street, Hayward, CA 94541</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Law firm</u> YOUR BUSINESS POSITION <u>Of counsel</u> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	NAME OF SOURCE OF INCOME <u>UNIVERSITY OF SOUTHERN CALIFORNIA</u> ADDRESS (Business Address Acceptable) <u>University Park, Los Angeles, CA 90089</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>School</u> YOUR BUSINESS POSITION <u>Instructor</u> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None TERM (Months/Years) _____ SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>
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Comments: _____

SCHEDULE D
Income – Gifts

Name
BILL LOCKYER

▶ NAME OF SOURCE
Beth & Skip Keesal
 ADDRESS (Business Address Acceptable)
400 Oceangate, Long Beach, CA 90801
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
law firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 06 / 11</u>	<u>\$ 40.00</u>	<u>wine</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Belkin Products
 ADDRESS (Business Address Acceptable)
12045 E. Waterford Drive, Playa Vista, CA 90094
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
electronic company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 02 / 11</u>	<u>\$ 184.94</u>	<u>electronic surge/socket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Assembly Democratic Caucus
 ADDRESS (Business Address Acceptable)
1401 21st Street, Suite 200, Sacramento, CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 08 / 11</u>	<u>\$ 117.09</u>	<u>dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Jelly Belly Candy Company
 ADDRESS (Business Address Acceptable)
donated to Mustard Seed School, Sacramento
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
candy company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 29 / 11</u>	<u>\$ unknown</u>	<u>candy - box of food</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Northern Trust
 ADDRESS (Business Address Acceptable)
10877 Wilshire Boulevard, Ste 100, L.A., CA 90024
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
asset management company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 01 / 11</u>	<u>\$ 25.00</u>	<u>Starbucks gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
The Walt Disney Company
 ADDRESS (Business Address Acceptable)
500 S. Buena Vista St., Burbank, CA 91521
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 05 / 11</u>	<u>\$ 10.86</u>	<u>movie poster</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
BILL LOCKYER

▶ NAME OF SOURCE
Consumer Attorneys of California
 ADDRESS (Business Address Acceptable)
770 L Street, Ste 1200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
lobbying

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 12 / 11</u>	<u>\$ 175.00</u>	<u>ticket/dinner/beverage</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
TechNet
 ADDRESS (Business Address Acceptable)
855 El Camino Real, Ste 250, Palo Alto, CA 94301
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 15 / 11</u>	<u>\$ 590.94</u>	<u>** dinner & hotel only</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
Gansu Provincial Government Finance Delegation
 ADDRESS (Business Address Acceptable)
David Huag, TriWay International Group
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
7115 Leesburg Pike, Ste 202, Falls Church, VA 22043

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 07 / 11</u>	<u>\$ 75.00</u>	<u>The Twelve Symbol</u>
<u> / / </u>	<u>\$ _____</u>	<u>Animals paper cuts bk</u>
<u> / / </u>	<u>\$ _____</u>	<u>Miniaturefoldingscreen</u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

Comments: **** The Treasurer spoke at the Technet Policy Conference in St. Helena (no stipend for speech). Only the hotel and dinner were covered by Technet.**