

STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

COVER PAGE

STATE TREASURER STATE OF CALIFORNIA

Please type or print in ink.

2014 MR 14 AM 10:49

NAME OF FILER (LAST) (FIRST) (MIDDLE) Marxen Eileen ADMINISTRATION

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Treasurer's Office

Division, Board, Department, District, if applicable

FISCal

Your Position

Partner Business Executive

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

Check applicable schedules or "None."

Total number of pages including this cover page: 1

- 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 ( 916 ) 576-5069 E-MAIL ADDRESS (OPTIONAL) emarxen@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 03/11/2014 (month, day, year)

Signature Eileen Marxen (File the originally signed statement with your filing official.)