

STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

COVER PAGE

STATE TREASURY STATE OF CALIFORNIA

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Pavao William Joseph

1. Office, Agency, or Court

Agency Name California Tax Credit Allocation Committee
Division, Board, Department, District, if applicable
Your Position Executive Director

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

Agency: American River Flood Control District Position: Sacramento Area Flood Control Agency

2. Jurisdiction of Office (Check at least one box)

[X] State [] Judge or Court Commissioner (Statewide Jurisdiction)
[X] Multi-County [] County of
[] City of [X] Other Flood Control District

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

[X] Annual: The period covered is January 1, 2011, through December 31, 2011.
-or- The period covered is through December 31, 2011.
[] 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
[X] 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
915 Capitol Mall, Room 485 Sacramento CA 95818
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(916) 654-5913 wpavao@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 January 31, 2012 (month, day, year)

Signature [Handwritten Signature] (File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Geoffrey Brown, USA Properties
 ADDRESS (Business Address Acceptable)
2440 Professional Drive
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 06 / 20</u>	<u>\$ 50.00</u>	<u>Holiday Wreath*</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>
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Comments: *The California Tax Credit Allocation Committee, in turn, donated the wreath to The Salvation Army Adult Rehabilitation Center on December 8, 2011.