

COVER PAGE

STATE TREASURER
STATE OF CALIFORNIA

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Spear Sean Lee
ADMINISTRATION

1. Office, Agency, or Court

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

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

Agency: Office of the State Treasurer Position: Assistant Treasurer

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. Leaving Office: Date Left ____/____/_____
(Check one)
- or- The period covered is ____/____/_____, through the date of leaving office.
- Assuming Office: Date assumed ____/____/_____. The period covered is ____/____/_____, through the date of leaving office.
- 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 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

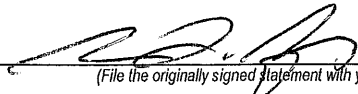
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
915 Capital Mall #311 Sacramento CA 95814
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(916) 653-3255 sspear@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 March 28, 2012
(month, day, year)

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

