

EB

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Official Use Only

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

2009 MAR -2 PM 4:10

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
LOCKYER	BILL		(916) 653-2995		
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
915 CAPITOL MALL, RM 110		SACRAMENTO	CA	95814	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
STATE TREASURER'S OFFICE

Division, Board, District, if applicable:

Your Position:
TREASURER

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

- State
- County of _____
- City of _____
- Multi-County _____
- Other _____

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

- Assuming Office/Initial Date: ____/____/____
- Annual: The period covered is January 1, 2008, through December 31, 2008.
- or-
- The period covered is ____/____/____, through December 31, 2008.
- Leaving Office Date Left: ____/____/____ (Check one)
- The period covered is January 1, 2008, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.
- Candidate Election Year: _____

4. Schedule Summary

- ▶ Total number of pages including this cover page: 5
- ▶ Check applicable schedules or "No reportable interests."
 - I have disclosed interests on one or more of the attached schedules:
 - Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)
 - Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)
 - Schedule B Yes - schedule attached
Real Property
 - Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
 - Schedule D Yes - schedule attached
Income - Gifts
 - Schedule E Yes - schedule attached
Income - Gifts - Travel Payments
- or-
- No reportable interests on any schedule

5. Verification

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/02/09
(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
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ NAME OF BUSINESS ENTITY
NASDAQ 100

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

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/08 ____/____/08
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

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
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IF APPLICABLE, LIST DATE:
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(Describe)

IF APPLICABLE, LIST DATE:
____/____/08 ____/____/08
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/08 ____/____/08
ACQUIRED DISPOSED

Comments: _____

**SCHEDULE D
 Income - Gifts**

▶ NAME OF SOURCE
California Society of Industrial Medicine & Surgery
 ADDRESS
1000 Q St, Ste 201, Sacramento, CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Physicians group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 12 / 08</u>	<u>\$ 26.35</u>	<u>bottle of wine</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
California Contract Cities Assn
 ADDRESS
8119 Somerset Blvd, Paramount, CA 90723
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local government association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 14 / 08</u>	<u>\$ 38.00</u>	<u>gift card to Hyatt Hotel</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE

 ADDRESS

 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>

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<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

Comments: _____