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COVER PAGE

JAN 29 2015

Please type or print in ink.

NAME OF FILER (LAST) LOCKYER (FIRST) BILL (MIDDLE) Enterprise Compliance Division

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CALIFORNIA STATE TREASURER'S OFFICE  
Division, Board, Department, District, if applicable EXECUTIVE OFFICE Your Position CALIFORNIA STATE TREASURER

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)

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

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

[X] Annual: The period covered is January 1, 2014, through December 31, 2014.  
-or- The period covered is through December 31, 2014.  
[ ] Assuming Office: Date assumed  
[ ] Candidate: Election year and office sought, if different than Part 1:  
[X] Leaving Office: Date Left 01 / 05 / 15 (Check one)  
[X] The period covered is January 1, 2014, through the date of leaving office.  
[ ] The period covered is through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: 4  
[X] Schedule A-1 - Investments - schedule attached [X] Schedule C - Income, Loans, & Business Positions - schedule attached  
[ ] Schedule A-2 - Investments - schedule attached [X] 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  
915 CAPITOL MALL, RM. 110 SACRAMENTO CA 95814  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS



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

CALIFORNIA FORM <b>700</b> Name <b>BILL LOCKYER</b>
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**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
**UNIVERSITY OF SOUTHERN CALIFORNIA**

ADDRESS (Business Address Acceptable)  
**UNIVERSITY PARK, LOS ANGELES, CA 90089**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**SCHOOL**

YOUR BUSINESS POSITION  
**INSTRUCTOR**

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

NAME OF SOURCE OF INCOME  
**BROWN RUDNICK LLP**

ADDRESS (Business Address Acceptable)  
**2211 MICHELSON DR. 7th FL., IRVINE, CA 92612**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**LAW FIRM**

YOUR BUSINESS POSITION  
**OF COUNSEL**

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**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  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_%       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 \_\_\_\_\_  
 Street address  
 \_\_\_\_\_  
 City

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
**BILL LOCKYER**

▶ NAME OF SOURCE *(Not an Acronym)*  
**CALIFORNIA DEMOCRATIC PARTY**

ADDRESS *(Business Address Acceptable)*  
**1401 21ST STREET, # 200, SACRAMENTO, CA 95811**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**POLITICAL**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 24 14	107.26	DINNER
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**ONTARIO CHAMBER OF COMMERCE (CANADA)**

ADDRESS *(Business Address Acceptable)*  
**180 DUNDAS ST., WEST, TORONTO, ON, CANADA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**STATE GOVERNMENT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 23 14	190.97	HOTEL ROOM
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
\_\_\_\_\_  
ADDRESS *(Business Address Acceptable)*  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
\_\_\_\_\_  
ADDRESS *(Business Address Acceptable)*  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
\_\_\_\_\_  
ADDRESS *(Business Address Acceptable)*  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
\_\_\_\_\_  
ADDRESS *(Business Address Acceptable)*  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: \_\_\_\_\_