CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A M E N D M E N T

COVER PAGE

Date Initial Filing Received

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NAME OF FILER	(LAST)	Dail	(FIRST)	-100	(MIDDLE)
1 Office Agency or C	A Link	Detty		11/10	
1. Office, Agency, or C					
Agency Name (Do not use		Ē.			
Division, Board, Department	District if applicable	ice	Your Position		
		Cu		Controller	
If filing for multiple position	ons, list below or on an attachmen	t /Do not uso sor	onuma) Kos altast	ment	
I ming for multiple position	ons, list below or on an attachmen	i. (Do noi use acri	onyms) sae armen	Arreing.	
Agency:			Position:		
2. Jurisdiction of Offic	Ce (Check at least one box)			×	
<b>√</b> State			☐ Judge or Court Commi	issioner (Statewide Ju	risdiction)
Multi-County			County of		
City of			Other		
0 T (0)			A. Stiff in 1997 region of the processing situation between		
3. Type of Statement (					
December 31,	vered is January 1, 2017, through 2017.		Leaving Office: Date (Check one)	e Left/	
<b>-or-</b> The period co	vered is/	through	,	ed is January 1, 2017,	through the date of
December 31,		, <b>_</b>	leaving office.		
Assuming Office: Dat	e assumed/		<ul><li>-or-</li><li> The period covere</li></ul>	ed is/	, through
	1.05 200		the date of leaving	g office.	
✓ Candidate: Date of Ele	ection June 5, 30 R and off	fice sought, if different	ent than Part 1:		
4. Schedule Summary	(must complete) ► Tot	al number of p	ages including this	cover page: 🔑	
Schedules attache	ed				
Schedule A-1 - Inve	estments – schedule attached	☐ Sc	hedule C - Income, Loans,	, & Business Positions	- schedule attached
	estments – schedule attached	<b>☑</b> Sc	hedule D - Income - Gifts	- schedule attached	
	Property – schedule attached	☐ Sc	hedule E - Income – Gifts	<ul><li>Travel Payments –</li></ul>	schedule attached
-or-					
	ble interests on any schedul	9			
5. Verification  MAILING ADDRESS	STREET	CITY	S	TATE ZI	P CODE
(Business or Agency Address Recor		OITT	0		COBE
					contained
herein and in any attached s	schedules is true and complete. I	acknowledge this is	a public document.		
I certify under penalty of p	erjury under the laws of the Sta	te of California th	at t		
Avil a	3, 2018	S 100			
Date Signed Provide	(month, day, year)	Signati		ly signed statement with your fili	ing official.)

## SCHEDULE D Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)			
CA fire Foundation				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
1780 Creekinde Daks Dr. Lawarrento, CA95833				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Firefighters' assistance foundation				
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
3 DD 117 \$360,00 Two event tickets (food and beverage)				
\$				
	/ \$			
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)			
Armenian National Committee of America - Western Region ADDRESS (Business Address Acceptable)				
	ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVITY, IF ANY, OF SOURCE				
	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)				
* *	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
10/8/17 \$150.00 Two event fixets/food and beverage)				
\$	\$			
▶ NAME OF SOURCE (Not an Acronym)	Filer's Verification			
	- Dilla Tor Var			
ADDRESS (Business Address Acceptable)	Print Name Retty Ting Yee			
	or Court California State Controller's Office			
BUSINESS ACTIVITY, IF ANY, OF SOURCE				
e e	Statement Type 2017/2018 Annual Assuming Leaving			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Annual Candidate			
	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 April 33, 3018 (month, day, year)			
	(month, day, your)			
	Filer's Signature			