

AMENDMENT

COVER PAGE

Filed Date: 12/30/2024 12:31 PM
SAN: 022000292-STH-0292

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ma Fiona S

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Treasurer's Office

Division, Board, Department, District, if applicable

Executive Office

Your Position

Treasurer

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST Position: _____

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

- State Judge, Retired Judge, Pro Tem 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, 2022, through December 31, 2022. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2022. The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

Schedules attached

- 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)
901 P Street Sacramento CA 95814
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(916) 653-3100 Fiona.Ma@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 12/30/2024 12:31 PM Signature Fiona S Ma
(month, day, year) (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Fiona Ma	

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
State Treasurer's Office	CDLAC	Boardmember	State California	Annual	01/01/22 - 12/31/22
State Treasurer's Office	ABLE	Boardmember	State California	Annual	01/01/22 - 12/31/22
State Treasurer's Office	CDIAC	Boardmember	State California	Annual	01/01/22 - 12/31/22
State Treasurer's Office	CEFA	Boardmember	State California	Annual	01/01/22 - 12/31/22
State Treasurer's Office	CHFFA	Boardmember	State California	Annual	01/01/22 - 12/31/22
State Treasurer's Office	CPCFA	Boardmember	State California	Annual	01/01/22 - 12/31/22
State Treasurer's Office	CalSavers	Boardmember	State California	Annual	01/01/22 - 12/31/22
State Treasurer's Office	CSFA	Boardmember	State California	Annual	01/01/22 - 12/31/22
State Treasurer's Office	CTCAC	Boardmember	State California	Annual	01/01/22 - 12/31/22
State Treasurer's Office	SIB	Boardmember	State California	Annual	01/01/22 - 12/31/22
State Treasurer's Office	CAEATFA	Boardmember	State California	Annual	01/01/22 - 12/31/22

SCHEDULE A-1
Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

NAME OF BUSINESS ENTITY
Zynga Inc
GENERAL DESCRIPTION OF THIS BUSINESS
Video Game Developer
FAIR MARKET VALUE
[X] \$2,000 - \$10,000 [] \$10,001 - \$100,000
[] \$100,001 - \$1,000,000 [] Over \$1,000,000
NATURE OF INVESTMENT
[X] Stock [] Other (Describe)
[] Partnership [] Income Received of \$0 - \$499
[] Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:
/ / 22 05 / 20 / 22
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
[] \$2,000 - \$10,000 [] \$10,001 - \$100,000
[] \$100,001 - \$1,000,000 [] Over \$1,000,000
NATURE OF INVESTMENT
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[] Partnership [] Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
/ / 22 / / 22
ACQUIRED DISPOSED

Filer's Verification
Print Name Fiona Ma
Office, Agency or Court State Treasurer's Office
Statement Type [X] 2022/2023 Annual [] Assuming [] Leaving
[] (yr) 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 12/30/2024 12:31 PM
(month, day, year)
Filer's Signature Fiona S Ma

Comments: