

**COVER PAGE**

*A PUBLIC DOCUMENT*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Walkow Jacqueline Wong-Hernandez

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 State Controller's Office  
 Division, Board, Department, District, if applicable Your Position  
 Deputy Controller

► 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)**

- 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, 2018, through December 31, 2018.
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.
- Assuming Office:** Date assumed 2 / 14 / 2019
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- 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 (must complete) ► Total number of pages including this cover page: 12**

**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)  
 300 Capitol Mall, Suite 1850 Sacramento Ca 95814  
 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
 jwong-hernandez@sco.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 2/15/19 Signature \_\_\_\_\_  
 (month, day, year) (per statement with your filing official.)

CA Secure Choice Retirement Savings Investment Board  
CA Health Facilities Financing Authority  
CA Educational Facilities Authority  
CA Alternative Energy and Advanced Transportation Financing Authority  
CA Pollution Control Financing Authority  
CA Debt and Investment Advisory Commission  
Commission on State Mandates  
CA Coastal Commission  
CA Ocean Protection Council  
CA State Lands Commission  
State Public Works Board