

**COVER PAGE**

**A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Sertich Anthony T

**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, Housing Policy

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

Agency: see attachment 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.  Leaving Office: Date Left / / (Check one circle.)
- or- The period covered is / / , through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed 2 / 19 / 2019  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: 2**

**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  
tsertich@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 2/19/2019 Signature  
(month, day, year) (file the originally signed paper statement with your filing official.)

Anthony T. Sertich  
State Controller's Office  
Deputy Controller, Housing Policy

Form 700 – Filing for Multiple Positions

Agency

Position

California Debt Limit Allocation Committee

Board Member

California Tax Credit Allocation Committee

Board Member