



STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
2012 APR -2 PM 3:38

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
McFadden Nancy Elizabeth

1. Office, Agency, or Court

Agency Name  
Governor's Office  
Division, Board, Department, District, if applicable  
Your Position  
Executive Secretary

► If filing for multiple positions, list below or on an attachment

Agency Fine Arts Museums of San Francisco Position Trustee

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, 2011, through December 31, 2011  
-or-  
The period covered is 1 / 4 / 2011 through December 31, 2011.  
 Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2011, through the date of leaving office  
 Assuming Office: Date assumed \_\_\_\_\_  The period covered is \_\_\_\_\_ through the date of leaving office  
 Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1 \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

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)  
State Capitol Sacramento CA 95814  
DAYTIME TELEPHONE NUMBER E MAIL ADDRESS (OPTIONAL)  
( 916 ) 445-0796 nancy.mcfadden@gov.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

I certify under penalty of perjury under the laws of the State of California that

Date Signed 4/2/2012  
(month day year)

Signature \_\_\_\_\_

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)  
*Do not attach brokerage or financial statements*



Name  
Nancy McFadden

▶ NAME OF BUSINESS ENTITY  
PG&E

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Energy Utility

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other Stockoptions  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE  
     /      / 11           /      / 11  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE  
     /      / 11           /      / 11  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Linn Energy

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Energy Company

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE  
     /      / 11           /      / 11  
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(Describe)  
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 Stock       Other  
(Describe)  
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NATURE OF INVESTMENT  
 Stock       Other  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE  
     /      / 11           /      / 11  
 ACQUIRED                      DISPOSED

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

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Nancy McFadden
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**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
PG&E

ADDRESS (Business Address Acceptable)  
1 Market Street, San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Energy Utility

YOUR BUSINESS POSITION  
SVP

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  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or  Rental Income, list each source of \$10,000 or more  
 Other Final Compensation  
(Describe)

NAME OF SOURCE OF INCOME  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

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

YOUR BUSINESS POSITION  
 \_\_\_\_\_

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  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or  Rental Income, list each source of \$10,000 or more  
 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  
Nancy McFadden

▶ NAME OF SOURCE  
Don Perata

ADDRESS (Business Address Acceptable)  
1033 Rose Avenue, Oakland, CA 94611

BUSINESS ACTIVITY IF ANY OF SOURCE  
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 15 / 11</u>	<u>\$ 180.00</u>	<u>fountain pen</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE  
California Chamber of Commerce

ADDRESS (Business Address Acceptable)  
1215 K Street, Suite 1400, Sacramento, CA 95814

BUSINESS ACTIVITY IF ANY OF SOURCE  
Business advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 1 / 11</u>	<u>\$ 85.30</u>	<u>Board Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE  
San Francisco 49ers

ADDRESS (Business Address Acceptable)  
494 Centennial Blvd, Santa Clara, CA

BUSINESS ACTIVITY IF ANY OF SOURCE  
Sports team

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 13 / 11</u>	<u>\$ 318.00</u>	<u>Two game tickets</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY IF ANY OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY IF ANY OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

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