

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Greene Ross Karen Beth

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Controller's Office
Division, Board, Department, District, if applicable Your Position
Executive Office Chief of Staff

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

Agency: see attached 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, 2019, through December 31, 2019. Leaving Office: Date Left / / (Check one circle.)
- or- The period covered is / / through December 31, 2019. The period covered is January 1, 2019, 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 (must complete) ► Total number of pages including this cover page: 7

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, Ste. 1850 Sacramento CA 95814
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
()

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 3/2/20
(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)

State Controller Board Designee representative on the following Boards and Commissions 2019

California Public Employees' Retirement System
California State Teachers' Retirement System
California Commission on State Mandates
State Lands Commission
Victim Compensation and Government Claims Board
California Achieving a Better Life Experience Act Board
California Alternative Energy and Advanced Transportation Finance Authority Member
California Debt and Investment Advisory Commission
California Debt Limit Allocation Committee
California Educational Facilities Authority
California Health Facilities Financing Authority
California Pollution Control Financing Authority
California Secure Choice Retirement Savings Investment Board
California Tax Credit Allocation Committee
California Transportation Financing Authority
Pooled Money Investment Board
State School Building Finance Committee

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

Karen Greene Ross

NAME OF BUSINESS ENTITY: Total Skyline 89 Citizens NUREP III Investors, LLC
GENERAL DESCRIPTION OF THIS BUSINESS: Real Estate Limited Partnership
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Partnership
IF APPLICABLE, LIST DATE: 2/15/18

NAME OF BUSINESS ENTITY: Total Skyline OHPA Rad Fund LLC
GENERAL DESCRIPTION OF THIS BUSINESS: Real Estate Limited Partnership
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Partnership
IF APPLICABLE, LIST DATE: 3/28/14

NAME OF BUSINESS ENTITY: Total Skyline 90 Sunwestportfolios Investors LLC
GENERAL DESCRIPTION OF THIS BUSINESS: Real Estate Limited Partnership
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Partnership
IF APPLICABLE, LIST DATE: 6/20/19

NAME OF BUSINESS ENTITY: Total Skyline RAD Investors LLC
GENERAL DESCRIPTION OF THIS BUSINESS: Real Estate Limited Partnership
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Partnership
IF APPLICABLE, LIST DATE: 9/30/12

NAME OF BUSINESS ENTITY: Total Skyline Net Lease Real Estate Fund, LLC (Brinker)
GENERAL DESCRIPTION OF THIS BUSINESS: Real Estate Limited Partnership
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Partnership
IF APPLICABLE, LIST DATE: 12/6/16

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE:

Comments:

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Karen Greene Ross

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME
Total Skyline OHPA Rad Fund LLC

ADDRESS (Business Address Acceptable)
Skyline Pacific Properties, 221 Pine St., 4th Fl SF, CA 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Limited Partnership

YOUR BUSINESS POSITION
limited partner

GROSS INCOME RECEIVED No Income - Business Position Only
 \$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
 (For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other _____
 (Describe)

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME
Total Skyline RAD Investors LLC

ADDRESS (Business Address Acceptable)
Real Estate Limited Partnership

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Skyline Pacific Properties, 221 Pine St., 4th Fl, SF CA 94104

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only
 \$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
 (For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other _____
 (Describe)

▶ **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from a commercial lending institution, 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*	INTEREST RATE	TERM (Months/Years)
_____	_____% <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		_____
HIGHEST BALANCE DURING REPORTING PERIOD		City
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

Name
Karen Greene Nos

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Total Skyline 90 Sunwest Portfolio Investors LLC</u></p> <p>ADDRESS (Business Address Acceptable) <u>Skyline Pacific Properties, 221 Pine St., 4th FL SF, CA 94104</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Real Estate Limited Partnership</u></p> <p>YOUR BUSINESS POSITION <u>Limited partner</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input checked="" type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)</p>	<p>NAME OF SOURCE OF INCOME <u>Total Skyline Net Lease Real Estate Fund, LLC (Brinker)</u></p> <p>ADDRESS (Business Address Acceptable) <u>Skyline Pacific Properties, 221 Pine St., 4th FL SF, CA 94104</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Real Estate Limited Partnership</u></p> <p>YOUR BUSINESS POSITION <u>Limited partner</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input checked="" type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)</p>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE _____% <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)</p>
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Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
Karen Greene Ross

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
KP Public Affairs

ADDRESS (Business Address Acceptable)
621 Capitol Mall #1900 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Affairs and Lobbying

YOUR BUSINESS POSITION
Spouse's Salary

GROSS INCOME RECEIVED No Income - Business Position Only

\$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
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Total Skyline 89 Citizens NREEM Investors, LLC

ADDRESS (Business Address Acceptable)
Skyline Pacific Properties, 221 Pine St, 4th FL SF, CA 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE
real Estate Limited Partnership

YOUR BUSINESS POSITION
Limited Partner

GROSS INCOME RECEIVED No Income - Business Position Only

\$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
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE _____% <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ Street address _____ City _____</p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ (Describe)</p>
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Comments: _____

SCHEDULE D
Income – Gifts

Name
Karen Greene Ross

▶ NAME OF SOURCE (Not an Acronym)
Milken Institute

ADDRESS (Business Address Acceptable)
1250 Fourth St., 2nd Floor

BUSINESS ACTIVITY, IF ANY, OF SOURCE
2017 Milken Institute Global Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/29/19</u>	<u>\$ 80.00</u>	<u>lunch</u>
<u>4/30/19</u>	<u>\$ 80.00</u>	<u>lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

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>

▶ NAME OF SOURCE (Not an Acronym)
Sacramento Home and Garden Show

ADDRESS (Business Address Acceptable)
1835 Iron Point Road, Ste 140 Folsom, CA 95630

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/12/18</u>	<u>\$ 14.00</u>	<u>2 Tickets to garden show</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

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>

▶ NAME OF SOURCE (Not an Acronym)

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>

▶ NAME OF SOURCE (Not an Acronym)

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: _____