

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received  
Official Use Only

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

SCC-PERSONNEL  
HUMAN RESOURCES

Please type or print in ink.

NAME OF FILER (LAST)

Greene Ross

2018 MAR 22 (FIRST) AM 11:16  
Karen

2018 MAR 15 (MIDDLE) 4:30

Beth

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Controller's Office

Division, Board, Department, District, if applicable

Executive Office

Your Position

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 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, 2017, through December 31, 2017.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2017.

The period covered is January 1, 2017, through the date of leaving office.

-or-

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
and office sought, if different than Part 1: \_\_\_\_\_

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: 6

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

( 916 ) 327-1361

E-MAIL ADDRESS

kgreeneross@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

3/7/2018

(month, day, year)

Signature

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

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

California Alternative Energy and Advanced Transportation Financing Authority

California Debt and Investment Advisory Commission

California Debt Limit Allocation Committee

California Educational Facilities Authority

California Health Facilities Financing Authority

California Industrial Development Financing Advisory Commission

California Pollution Control Financing Authority

California Tax Credit Allocation Committee

California Transportation Financing Authority

Pooled Money Investment Board

California Public Employees' Retirement System Board

California State Teachers' Retirement System Board

Victim Compensation and Government Claims Board

California Commission on State Mandates

State Lands Commission

California Secure Choice Retirement Board





**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  
 Skyline RAD Investors, LLC

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE 94104  
 real estate investment partnerships

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)

NAME OF SOURCE OF INCOME  
 Skyline OHPA RAD Fund, LLC

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 real estate investment partnerships

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 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  
 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)
5 / 01 / 17	\$ 75.73	lunch
5 / 02 / 17	\$ 75.73	lunch
	\$	

▶ 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)
	\$	
	\$	
	\$	

▶ 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)
	\$	
	\$	
	\$	

▶ 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)
	\$	
	\$	
	\$	

▶ 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)
	\$	
	\$	
	\$	

▶ 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)
	\$	
	\$	
	\$	

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