

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
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 2018 MAR 27 AM 8:50

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 LoFaso Alan G.

1. Office, Agency, or Court

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

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

Agency: see attached Position: board representation

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2017, through December 31, 2017.
- or-
- The period covered is ____/____/____, through December 31, 2017.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one)
- The period covered is January 1, 2017, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

- Schedule A-1 - Investments – schedule attached
- Schedule A-2 - Investments – schedule attached
- Schedule B - Real Property – schedule attached
- Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – 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 E-MAIL ADDRESS
 (916) 445-3028 alofaso@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 and belief 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 March 16, 2018
 (month, day, year)

Signature _____
 (File the originally signed statement with this statement)

FORM 700 – STATEMENT OF ECONOMIC INTERESTS

COVER PAGE – ADDENDUM

1 Office, Agency, or Court

List of additional positions – Board Designee for:

- California Public Employees Retirement System (CalPERS) Board of Administration
- California Health Facilities Financing Authority
- Citizen's Financial Accountability Oversight Committee (Health and Safety Code Sec. 125290.30)
- California Debt Limit Allocation Committee
- California Tax Credit Allocation Committee
- California Educational Facilities Authority
- California ABLE Act Board (W & I Code Section 4876)
- California Pollution Control Financing Authority
- California Industrial Development Facilities Advisory Commission
- California Secure Choice Retirement Savings Investment Board
- California Alternative Energy and Advanced Transportation Financing Authority

SCHEDULE D
Income – Gifts

Name
 Alan LoFaso

▶ NAME OF SOURCE (Not an Acronym)
 California Cannabis Industry Association

ADDRESS (Business Address Acceptable)
 777 S. Figueroa St., 34th Fl., Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 07 / 17	\$ 250.00	conference fees
/ /	\$	
/ /	\$	

▶ 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: _____