

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

Date Initial Filing Received  
(Use Only)

SCO-PERSONNEL  
 HUMAN RESOURCES

2017 MAR 28 AM 10:50

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

Your Position

Executive Office

Deputy Controller

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

Agency: Please see addendum (attached)

Position: Bds/commissions representing Controller

**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, 2016, through December 31, 2016.

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

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2016.

The period covered is January 1, 2016, 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:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

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

**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 ) 445-3028

E-MAIL ADDRESS

alofaso@sco.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and 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 information provided is true and complete.

Date Signed 03/27/2017

(month, day, year)

Signature



(2016/2017)

@fppc.ca.gov

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

**SCHEDULE D**  
**Income – Gifts**

Name  
 Alan LoFaso

▶ NAME OF SOURCE (Not an Acronym)  
 Bay Area Council

ADDRESS (Business Address Acceptable)  
 353 Sacramento St., 10th Floor, SF, CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Business Advocacy/Analysis

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 2 / 16	\$ 65.00	dinner
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 Pioneer Law Group

ADDRESS (Business Address Acceptable)  
 1122 S Street, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 8 / 16	\$ 55.00	party; food/drinks
	\$	
	\$	

▶ 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: \_\_\_\_\_