NAME OF FILER (LAST) Greene Ross

NAME OF FILER (FIRST) Karen

NAME OF FILER (MIDDLE) 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

☐ Multi-County

☐ City of 

☐ County of 

☐ Other

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

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

☒ Annual: The period covered is January 1, 2019, through December 31, 2019.

☐ The period covered is _____/_____/______, through December 31, 2019.

☐ Assuming Office: Date assumed _____/_____/______

☐ Candidate: Date of Election _____/_____/______ and office sought, if different than Part 1:

☐ Leaving Office: Date Left _____/_____/______

☐ The period covered is January 1, 2019, through the date of leaving office.

☐ 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 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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
300 Capitol Mall, Ste. 1850
Sacramento CA 95814

CITY
STATE ZIP CODE

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_
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 OF BUSINESS ENTITY
Total Skyline 89 Centers LEASE LIQUIDATORS, LLC

GENERAL DESCRIPTION OF THIS BUSINESS

Real Estate Limited Partnership

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:

REPORTED IN SCHEDULE C

ACQUIRED ☐ DISPOSED ☐

NAME OF BUSINESS ENTITY
Total Skyline OPA Real Estate Fund LLC

GENERAL DESCRIPTION OF THIS BUSINESS

Real Estate Limited Partnership

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:

REPORTED IN SCHEDULE C

ACQUIRED ☐ DISPOSED ☐

NAME OF BUSINESS ENTITY
Total Skyline 90 Centers LEASE LIQUIDATORS, LLC

GENERAL DESCRIPTION OF THIS BUSINESS

Real Estate Limited Partnership

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:

REPORTED IN SCHEDULE C

ACQUIRED ☐ DISPOSED ☐

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
☐ $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:

REPORTED IN SCHEDULE C

ACQUIRED ☐ DISPOSED ☐

Comments:
### SCHEDULE C

**Income, Loans, & Business Positions**

*(Other than Gifts and Travel Payments)*

#### 1. INCOME RECEIVED

**NAME OF SOURCE OF INCOME**

<table>
<thead>
<tr>
<th>Total Skyline OH PA Real Fund LLC</th>
</tr>
</thead>
</table>

**ADDRESS (Business Address Acceptable)**

<table>
<thead>
<tr>
<th>Shangri Pacific Properties 221 Pine St, SF, CA</th>
</tr>
</thead>
</table>

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

<table>
<thead>
<tr>
<th>Real Estate Limited Partnership</th>
</tr>
</thead>
</table>

**YOUR BUSINESS POSITION**

- [ ] United 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
- [ ] 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

**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**

- [ ] __________

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

NAME OF SOURCE OF INCOME

Total Skyline 90 Southwest Portfolio Investors LLC
ADDRESS (Business Address Acceptable)
Shvlyne Pacific Properties 221 Pine St, 4TH FL SF CA
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
☐ Other
(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
☐ Other
(Describe)

NAME OF SOURCE OF INCOME

Total Skyline Net Lease Real Estate Fund LLC (Behr)
ADDRESS (Business Address Acceptable)
Shvlyne Pacific Properties 221 Pine St, 4TH FL SF CA
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
☐ Other
(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
☐ 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*

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

Comments:

INTEREST RATE

% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
☐ None
☐ Personal residence
☒ Real Property
Street address

City

Guarantor

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

### 1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>NAME OF SOURCE OF INCOME</th>
</tr>
</thead>
</table>
| KP Public Affairs        | TotalSkyline 89 Citizens
                          |                           |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| 621 Capitol Mall #1900Sacramento, CA 95814 | Skyline Pacific Properties, 221 Pine St, 4th Fl, SF, CA 94104 |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Public Affairs and Lobbying | Real Estate Limited Partnership |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| Spouse's Salary | Limited Partner |
| GROSS INCOME RECEIVED | GROSS INCOME RECEIVED |
| □ $500 - $1,000 | □ $500 - $1,000 |
| □ $1,001 - $10,000 | □ $1,001 - $10,000 |
| □ $10,001 - $100,000 | □ $10,001 - $100,000 |
| □ OVER $100,000 | □ OVER $100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| □ Salary | □ Salary |
| □ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | □ 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.) | □ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| □ Sale of (Real property, car, boat, etc.) | □ Sale of (Real property, car, boat, etc.) |
| □ Loan repayment | □ Loan repayment |
| □ Commission or | □ Commission or |
| □ Rental Income, list each source of $10,000 or more | □ Rental Income, list each source of $10,000 or more |
| (Describe) | (Describe) |
| □ Other | □ Other |
| (Describe) | (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:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ None</td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>SECURITY FOR LOAN</td>
<td></td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF LENDER</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Personal residence</td>
<td></td>
</tr>
<tr>
<td>HIGHEST BALANCE DURING REPORTING PERIOD</td>
<td>□ Real Property</td>
<td></td>
</tr>
<tr>
<td>□ $500 - $1,000</td>
<td>Street address</td>
<td></td>
</tr>
<tr>
<td>□ $1,001 - $10,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ $10,001 - $100,000</td>
<td>City</td>
<td></td>
</tr>
<tr>
<td>□ OVER $100,000</td>
<td>□ Guarantor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Describe)</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**SCHEDULE D**  
Income – Gifts

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milken Institute</td>
<td>1250 Fourth St., 2nd Floor</td>
<td>2017 Milken Institute Global Conference</td>
<td>4/29/19</td>
<td>$80.00</td>
<td>Lunch</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4/30/19</td>
<td>$80.00</td>
<td>Lunch</td>
</tr>
<tr>
<td>Sacramento Home and Garden Show</td>
<td>18 35 1st Road, Ste 140 Folsom, CA</td>
<td>95630</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10/12/18</td>
<td>$14.00</td>
<td>2-Tickets to Garden show</td>
</tr>
</tbody>
</table>

**Comments:**