CALIFORNIA FORM 700
STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION

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: 

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, 2018, through December 31, 2018.
-OR- The period covered is / / through December 31, 2018.

☒ Leaving Office: Date Left 1/30/2019
(Check one circle.)

☒ The period covered is January 1, 2018, 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: 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
300 Capitol Mall  Sacramento  CA  95814

DAYTIME TELEPHONE NUMBER  EMAIL ADDRESS
aloFaso@sco.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this state
herein and in any attached schedules is true and complete. I acknowledge this is a publ

I certify under penalty of perjury under the laws of the State of California that the f

Date Signed  January 30, 2019  Signature 
(month, day, year)
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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Bay Area Council</td>
<td>353 Sacramento St., San Francisco, CA 94111</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE (mm/dd/yyyy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/30/18</td>
<td>$65</td>
<td>dinner</td>
</tr>
</tbody>
</table>

<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE (mm/dd/yyyy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE (mm/dd/yyyy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE (mm/dd/yyyy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: __________________________________________________________

FFPC Form 700 (2018/2019)
FFPC Advice Email: advice@ffpc.ca.gov
FFPC Toll-Free Helpline: 866/275-3772 www.ffpc.ca.gov
Page - 15