NAME OF FILER (LAST) Greene Ross

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
   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.
   The period covered is __/__/______, through
   December 31, 2017.
   Assuming Office: Date assumed __/__/______
   Leaving Office: Date Left __/__/_____
   (Check one)
   The period covered is January 1, 2017, 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: ___
   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
   (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 3/1/2018
   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
<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>GENERAL DESCRIPTION OF THIS BUSINESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skyline Net Lease Real Estate Fund, LLC</td>
<td>real estate limited partnership</td>
</tr>
<tr>
<td>FAIR MARKET VALUE</td>
<td>$10,001 - $100,000</td>
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<tr>
<td>NATURE OF INVESTMENT</td>
<td>Partnership</td>
</tr>
<tr>
<td>IF APPLICABLE, LIST DATE:</td>
<td>12/16/17</td>
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<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>GENERAL DESCRIPTION OF THIS BUSINESS</th>
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</thead>
<tbody>
<tr>
<td>Skyline OHFA Rad Fund LLC</td>
<td>real estate limited partnership</td>
</tr>
<tr>
<td>FAIR MARKET VALUE</td>
<td>$10,001 - $100,000</td>
</tr>
<tr>
<td>NATURE OF INVESTMENT</td>
<td>Partnership</td>
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<td>IF APPLICABLE, LIST DATE:</td>
<td>03/28/17</td>
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<th>NAME OF BUSINESS ENTITY</th>
<th>GENERAL DESCRIPTION OF THIS BUSINESS</th>
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</thead>
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<td>Skyline RAD Investors, LLC</td>
<td>real estate limited partnership</td>
</tr>
<tr>
<td>FAIR MARKET VALUE</td>
<td>$10,001 - $100,000</td>
</tr>
<tr>
<td>NATURE OF INVESTMENT</td>
<td>Partnership</td>
</tr>
<tr>
<td>IF APPLICABLE, LIST DATE:</td>
<td>09/30/17</td>
</tr>
</tbody>
</table>
SCHEDULE C
Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

KP Public Affairs, LLC

ADDRESS (Business Address Acceptable)

1201 K Street, Suite 800

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public affairs and lobbying

YOUR BUSINESS POSITION

spouse’s income

GROSS INCOME RECEIVED

☐ $500 - $1,000
☐ $1,001 - $10,000
☒ 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

☐ Other ____________________________
(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

Comments:

INTEREST RATE

☐ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property __________________________
Street address __________________________
City __________________________

☐ Guarantor __________________________

☐ Other __________________________
(Describe)

FPPC Form 700 (2017/2018) Sch. C
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
## 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>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skyline RAD Investors, LLC</td>
<td>real estate investment partnerships</td>
</tr>
<tr>
<td>Skyline Pacific Properties, 221 Pine ST., 4thFl, SF, CA</td>
<td>94104</td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>Your Business Position</td>
</tr>
<tr>
<td>Skyline Pacific Prop, 221 Pine St, 4th Fl, SF, CA</td>
<td>limited partner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GROSS INCOME RECEIVED</th>
<th>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</th>
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</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
<td>Salary</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
<td>Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</td>
</tr>
<tr>
<td>OVER $100,000</td>
<td>(For self-employed use Schedule A-2.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER</th>
<th>(Describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>(Describe)</td>
</tr>
</tbody>
</table>

### 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:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>BUSINESS ACTIVITY, IF ANY, OF LENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HIGHEST BALANCE DURING REPORTING PERIOD</td>
</tr>
<tr>
<td></td>
<td>$500 - $1,000</td>
</tr>
<tr>
<td></td>
<td>$1,001 - $10,000</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>OVER $100,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTEREST RATE</th>
<th>TERM (Months/ Years)</th>
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<tbody>
<tr>
<td></td>
<td>None</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SECURITY FOR LOAN</th>
<th>STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Real Property</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GUARANTOR</th>
<th>STREET ADDRESS</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER</th>
<th>(Describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>(Describe)</td>
</tr>
</tbody>
</table>

Comments: ________________________________
## Schedule D
### Income – Gifts

**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: ____________________________

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**FPPC Form 700 (2017/2018) Sch. D**

**FPPC Advice Email: advice@fppc.ca.gov**

**FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov**