NAME OF FILER (LAST) (FIRST) 2017 MAR 24 (M/D/Y) 2:48
Lolas George

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Office of the State Controller
Division, Board, Department, District, if applicable
Your Position
Chief Operating Officer

➤ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: ____________________________ 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, 2016, through December 31, 2016.
- or -
The period covered is __________ / __________ / __________, through December 31, 2016.
☐ Leaving Office: Date Left __________ / __________ / ______
( Check one)
☐ The period covered is January 1, 2016, through the date of leaving office.
- or -
The period covered is __________ / __________ / __________, through the date of leaving office.
☐ Assuming Office: Date assumed __________ / __________ / __________
☐ Candidate: Election year ____________ 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
- or -
☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
STREET
300 Capitol Mall, Suite 1850
Sacramento, CA 95815
CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
DAYTIME TELEPHONE NUMBER
(916) 552-8080
E-MAIL ADDRESS glolas@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 03/24/2017 (month, day, year) Signature ________________________

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
**SCHEDULE A-2**

**Investments, Income, and Assets of Business Entities/Trusts**

*(Ownership Interest is 10% or Greater)*

### 1. BUSINESS ENTITY OR TRUST

**Name**
George Lolas

**Address (Business Address Acceptable)**

Check one:
- [ ] Trust, go to 2
- [x] Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

**Internet Auction**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
<th>ACQUIRED</th>
<th>DISPOSED</th>
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<tr>
<td>$0 - $1,999</td>
<td>/ / 16</td>
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<tr>
<td>Over $1,000,000</td>
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</tbody>
</table>

**NATURE OF INVESTMENT**

- [ ] Partnership
- [x] Sole Proprietorship
- [ ] Other

**YOUR BUSINESS POSITION**

Owner

### 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $499</td>
<td>/ / 16</td>
</tr>
<tr>
<td>$500 - $1,000</td>
<td>/ / 16</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
<td>/ / 16</td>
</tr>
</tbody>
</table>

### 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

- [x] None
- [ ] Names listed below

### 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
- [ ] INVESTMENT
- [ ] REAL PROPERTY

**Name of Business Entity, If Investment, or Assessor’s Parcel Number or Street Address of Real Property**

**Description of Business Activity or City of Other Precise Location of Real Property**

<table>
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<td>/ / 16</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INTEREST**

- [ ] Property Ownership/Deed of Trust
- [ ] Stock
- [ ] Partnership

- [ ] Leasehold
- [ ] Yrs. remaining
- [x] Other

- [ ] Check box if additional schedules reporting investments or real property are attached

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Comments:

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**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

**FFPC Form 700 (2016/2017) Sch. A-2**

FFPC Advice Email: advice@ffpc.ca.gov

FFPC Toll-Free Helpline: 866/275-3772 www.ffpc.ca.gov