

**COVER PAGE**

SCO-PERSONNEL  
HUMAN RESOURCES

Please type or print in ink.

NAME OF FILER (LAST) Lolas (FIRST) George 2017 MAR 24 (MIDDLE) PH 2:48

**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  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.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- 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.

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

**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 95815  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 916 ) 552-8080 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 Signature \_\_\_\_\_  
(month, day, year) (File the originally signed statement with your filing official.)

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

**▶ 1. BUSINESS ENTITY OR TRUST**

Name  
George Lolos  
 Address (Business Address Acceptable)  
 \_\_\_\_\_  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Internet Auction

<b>FAIR MARKET VALUE</b>	<b>IF APPLICABLE, LIST DATE:</b>
<input checked="" type="checkbox"/> \$0 - \$1,999	____/____/16    ____/____/16
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED                      DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

**NATURE OF INVESTMENT**  
 Partnership     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)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                 OVER \$100,000  
 \$1,001 - \$10,000

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

None    or     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 or Other Precise Location of Real Property  
 \_\_\_\_\_

<b>FAIR MARKET VALUE</b>	<b>IF APPLICABLE, LIST DATE:</b>
<input type="checkbox"/> \$2,000 - \$10,000	____/____/16    ____/____/16
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED                      DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

**NATURE OF INTEREST**  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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

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Name  
 \_\_\_\_\_  
 Address (Business Address Acceptable)  
 \_\_\_\_\_  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
 \_\_\_\_\_

<b>FAIR MARKET VALUE</b>	<b>IF APPLICABLE, LIST DATE:</b>
<input type="checkbox"/> \$0 - \$1,999	____/____/16    ____/____/16
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED                      DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

**NATURE OF INVESTMENT**  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

**YOUR BUSINESS POSITION**    \_\_\_\_\_

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

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 \$1,001 - \$10,000

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

None    or     Names listed below

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Comments: \_\_\_\_\_