

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
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SCS-PERSONNEL
HUMAN RESOURCES

2018 MAR 13 PM 11:29
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) Lolos (FIRST) George (MIDDLE)

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, 2017, through December 31, 2017. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2017. The period covered is January 1, 2017, through the date of leaving office.
- or- Assuming Office: Date assumed ____/____/____ 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: 2

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 3/08/2018 Sign: _____
(month, day, year) (File the originally signed statement with your filing official.)

