CALIFORNIA FORM 700 
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER

LAST (GREENE)

FIRST (ROSS)

MIDDLE (K)

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

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, 2015, through December 31, 2015.

- or -

The period covered is __/__/____, through December 31, 2015.

□ Assuming Office: Date assumed __/__/____

□ Leaving Office: Date Left __/__/____

(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

- or -

☐ The period covered is __/__/____, through the date of leaving office.

□ 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

CITY

STATE

ZIP CODE

(Use 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@scocg.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: 3/16/16

(month, day, year)

Signature: __________________________

(Attach 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
## SCHEDULE A-1

**Investments**

**Stocks, Bonds, and Other Interests**

*(Ownership interest is Less Than 10%)*

*Do not attach brokerage or financial statements.*

### NAME OF BUSINESS ENTITY

<table>
<thead>
<tr>
<th>Skyline &amp; Princeton Investors, LLC</th>
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<th>Skyline OHFA Real Fund LLC</th>
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<tbody>
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#### Real Estate Limited Partnership

**FAIR MARKET VALUE**

- $2,000 - $10,000
- $100,001 - $1,000,000
- Over $1,000,000

**NATURE OF INVESTMENT**

- Stock
- Other (Describe)

<table>
<thead>
<tr>
<th>Partnership</th>
<th>Income Received of $0 - $499</th>
<th>Income Received of $500 or More (Report on Schedule C)</th>
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**IF APPLICABLE, LIST DATE:**

<table>
<thead>
<tr>
<th>11/28/12</th>
<th>1/14</th>
<th>ACQUIRED</th>
<th>DISPOSED</th>
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Comments:
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 St., #800, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Affairs & Lobbying

YOUR BUSINESS POSITION
Spouse's Salary/Income

GROSS INCOME RECEIVED

☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☒ 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)


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

INTEREST RATE

☐ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property __________________________ Street address __________________________

City __________________________

☐ Guarantor __________________________

☐ Other __________________________ (Describe)

Comments:

FPPC Form 700 (2014/2015) Sch. C
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-5772 www.fppc.ca.gov
SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

NAME OF SOURCE OF INCOME

Skyline RAD Investors, LLC

ADDRESS (Business Address Acceptable)

Skyline Pacific Props. 221 Post St., SF, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Limited Partnership

YOUR BUSINESS POSITION

Limited Partner

GROSS INCOME RECEIVED

$1,001 - $10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of

Loan repayment

Commission or Rental Income, for each source of $10,000 or more

Other

(Describe)

NAME OF SOURCE OF INCOME

Skyline OFFRA, RAD Fund, LLC

ADDRESS (Business Address Acceptable)

Skyline Pacific Prop. 221 Post St., SF, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Limited Partnership

YOUR BUSINESS POSITION

Limited Partner

GROSS INCOME RECEIVED

$1,001 - $10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of

Loan repayment

Commission or Rental Income, for each source of $10,000 or more

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

INTEREST RATE

% None

TERM (Months/Years)

SECURITY FOR LOAN

None Personal residence

Real Property Address

Guarantor

Other

(Describe)