STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LoFaso Alan G.

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
Deputy Controller, Health and Housing Policy

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: see attached
Position: board representation

2. Jurisdiction of Office (Check at least one box)
☒ State
☐ Multi-County
☐ City of
☐ County of
☐ Other

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left __/__/____
☐ -or-
☐ The period covered is __/__/____, through December 31, 2017.
☐ -or-
☐ The period covered is __/__/____, through the date of leaving office.
☐ Assuming Office: Date assumed __/__/____
☐ 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: 3
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 STREET CITY STATE ZIP CODE
300 Capitol Mall, Suite 1850 Sacramento CA 95814
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(916) 445-3028 alofaso@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 and belief, 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 following is true:

Date Signed March 16, 2018
(month, day, year)
Signature

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
FORM 700 – STATEMENT OF ECONOMIC INTERESTS

COVER PAGE – ADDENDUM

1 Office, Agency, or Court

List of additional positions – Board Designee for:

- California Public Employees Retirement System (CalPERS) Board of Administration
- California Health Facilities Financing Authority
- Citizen's Financial Accountability Oversight Committee (Health and Safety Code Sec. 125290.30)
- California Debt Limit Allocation Committee
- California Tax Credit Allocation Committee
- California Educational Facilities Authority
- California ABLE Act Board (W & I Code Section 4876)
- California Pollution Control Financing Authority
- California Industrial Development Facilities Advisory Commission
- California Secure Choice Retirement Savings Investment Board
- California Alternative Energy and Advanced Transportation Financing Authority
**SCHEDULE D**

*Income – Gifts*

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<th>NAME OF SOURCE (Not an Acronym)</th>
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<td>California Cannabis Industry Association</td>
<td>California Cannabis Industry Association</td>
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<td>777 S. Figueroa St., 34th Fl., Los Angeles, CA 90017</td>
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**Comments:**