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
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Please see addendum (attached) Position: Bds/commissions representing Controller

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ Multi-County
☐ City of
☐ County of
☐ Other
☐ Judge or Court Commissioner (Statewide Jurisdiction)

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2016, through December 31, 2016.
☐ Leaving Office: Date Left ______/_____/_____
☐ The period covered is ______/_____/_____, through the date of leaving office.
☐ Assuming Office: Date assumed ______/_____/_____
☐ 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: 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
- or -
☐ 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 the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document and I certify under penalty of perjury under the laws of the State of California that this is true.

Date Signed 03/27/2017 Signature:
[month, day, year]
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
**SCHEDULE D**
Income – Gifts

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>NAME OF SOURCE (Not an Acronym)</th>
</tr>
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<tbody>
<tr>
<td>Bay Area Council</td>
<td>Pioneer Law Group</td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>ADDRESS (Business Address Acceptable)</td>
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<tr>
<td>353 Sacramento St., 10th Floor, SF, CA 94111</td>
<td>1122 S Street, Sacramento, CA 95811</td>
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<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
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<tr>
<td>Business Advocacy/Analysis</td>
<td>Law Firm</td>
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<table>
<thead>
<tr>
<th>DATE (mm/dd/yyyy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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<tbody>
<tr>
<td>5 / 2 / 16</td>
<td>$65.00</td>
<td>dinner</td>
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<td></td>
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<tr>
<td>7 / 8 / 16</td>
<td>$55.00</td>
<td>party; food/drinks</td>
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**Comments:**

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