

STATEMENT OF ECONOMIC INTERESTS

Date Received: _____
 Chapter 2.17

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Lott James

1. Office, Agency, or Court

Agency Name
 L.A. Care Health Plan
 Division, Board, Department, District, if applicable
 Board of Governors
 Your Position
 Board Member
 ▶ If filing for multiple positions, list below or on an attachment.
 Agency: California State Controller Position: Committee Member, Citizens Financial Accountability

2. Jurisdiction of Office (Check at least one box)

State
 Multi-County _____
 City of _____
 Judge (Statewide Jurisdiction)
 County of Los Angeles
 Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2010, through December 31, 2010.
 -or-
 The period covered is _____ through December 31, 2010.
 Assuming Office: Date _____
 Candidate: Election Year _____ Office sought, if different than Part 1: _____
 Leaving Office: Date Left _____
 (Check one)
 The period covered is January 1, 2010, through the date of leaving office.
 The period covered is _____ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."
 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

▶ Total number of pages including this cover page: 3

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 c/o HASC 515 S. Figueroa St., Suite 1300 Los Angeles CA 90071
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (213) 538-0777 JLott@hasc.org

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 February 23, 2011
 (month, day, year)

Signature _____

SCHEDULE B

Interests in Real Property
(Including Rental Income)

Name

James Lott

*You are not required to report loans from commercial lending institutions 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:

<BLUE> is a required field

* Select from drop down list

| Real Property Disclosure | | | | Lender Disclosure | | | | | | | |
|---|-------------------------|---|--------|--|---|---|---|---------------------------|-------------------|----------------|------------------|
| STREET ADDRESS OR PRECISE LOCATION AND CITY | FAIR MARKET VALUE* | LIST DATE ACQUIRED OR DISPOSED (mm/dd/2010) | A or D | NATURE OF INTEREST* (if "other," describe) | IF RENTAL PROPERTY, LIST GROSS INCOME RECEIVED* | SOURCE OF RENTAL INCOME OF \$10,000 OR MORE | NAME AND ADDRESS OF LENDER* (Business Address Acceptable) AND GUARANTOR, IF ANY | BUSINESS ACTIVITY, IF ANY | INTEREST RATE (%) | TERM (Mos/Yrs) | HIGHEST BALANCE* |
| [REDACTED] | \$100,001 - \$1,000,000 | | | Ownership/Deed of Trust | \$10,001 - \$100,000 | Peter Ilot, Ashot Sarkisian, Olla Avanesian | | | | | |

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

700

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

Name

James Lott

<BLUE> is a required field

* Select from drop down list

**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:

| 1. Income Received | | | | 2. Loans Received or Outstanding | | | | | | |
|--|------------------------------|--------------------------|------------------------|---|--|---------------------------|------------------|-------------------|----------------|--|
| NAME AND ADDRESS OF SOURCE | BUSINESS ACTIVITY, IF ANY | YOUR BUSINESS POSITION | GROSS INCOME RECEIVED* | CONSIDERATION FOR WHICH INCOME WAS RECEIVED* (if "other," describe) | NAME AND ADDRESS OF LENDER** (Business Address Acceptable) AND GUARANTOR, IF ANY | BUSINESS ACTIVITY, IF ANY | HIGHEST BALANCE* | INTEREST RATE (%) | TERM (Mos/Yrs) | SECURITY FOR LOAN REAL PROPERTY ADDRESS/OTHER INFORMATION* |
| White Memorial Medical Center | Hospital | AVP, Human Resources | Over \$100,000 | Spouse's or registered domestic partner's income Salary | | | | | | |
| CAHHS- Hospital Association of Southern California | Hospital Trade Association | Executive Vice President | Over \$100,000 | | | | | | | |
| DeVry University | Higher Education Institution | Teacher | \$10,001-\$100,000 | Salary | | | | | | |
| DeVry University | Higher Education Institution | Teacher | \$10,001-\$100,000 | Spouse's or registered domestic partner's income Salary | | | | | | |
| California State University, Long Beach | Higher Education Institution | Teacher | \$1,001-\$10,000 | | | | | | | |