

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

Date Initial Filing Received
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Please type or print in ink.

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 (attachment) 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, 2015, through December 31, 2015.
 -or- The period covered is ____/____/____, through December 31, 2015.
 Assuming Office: Date assumed 01 / 04 / 2016
 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: 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 95814
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (916) 445-3028 alofas

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and in any attached schedules is true and complete. I acknowledge this is a true and correct statement.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/04/2016 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) – Assuming Office, 1/4/16

SCHEDULE D
Income – Gifts

Name
 Alan LoFaso

▶ NAME OF SOURCE *(Not an Acronym)*
 Assn. of CA Life and Health Insurance Companies

ADDRESS *(Business Address Acceptable)*
 1201 K Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 14 / 15	\$ 460.00	lodging, meals
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____