

COVER PAGE

STATE TREASURY
STATE OF CALIFORNIA

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) 2012 MR 20 1-35
Brewer Rosalind Simone

1. Office, Agency, or Court

Agency Name
California Health Facilities Financing Authority (CHFFA)
Division, Board, Department, District, if applicable
Your Position
Deputy Executive Director

► If filing for multiple positions, list below or on an attachment.

Agency: California Educational Facilities Authority (CEFA) Position: Deputy Executive Director

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, 2011, through December 31, 2011. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2011. The period covered is January 1, 2011, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office.
- Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

- 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)
915 Capitol Mall Room 587 Sacramento CA 95814
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(916) 653-2799

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 March 20, 2012
(month, day, year)

Signature Rosalind S. Brewer
(File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

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Brewer Rosalind Simone

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Division, Board, Department, District, if applicable
Your Position
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Position: Deputy Executive Director

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