

COVER PAGE

2014 MR 27 PM 3:18

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Liebert Barbara Jane

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 State Treasurer's Office
 Division, Board, Department, District, if applicable
 California Health Facilities Financing Authority
 Your Position
 Executive Director

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ 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, 2013, through December 31, 2013.
 -or-
 The period covered is _____, through December 31, 2013.
- Leaving Office: Date Left ____/____/____
 (Check one)
 The period covered is January 1, 2013, through the date of leaving office.
 The period covered is _____, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

- 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 590 Sacramento CA 95814
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
 (916) 653-2799 barbara.liebert@treasurer.ca.gov

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 03/27/2014
 (month, day, year)

Signature Barbara Liebert
 (File the originally signed statement with your filing official.)

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Liebert
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▶ NAME OF BUSINESS ENTITY
Lockheed Martin

GENERAL DESCRIPTION OF THIS BUSINESS
Aerospace

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 13 _____ / _____ / 13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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Comments: _____

