CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

STATE TREASURER
STATE OF CALIFORNIA
2018 MR 16 AM 10: 30
ADMINISTRATION

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Washington	Ronald	L.

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)*

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [x] **Annual:** The period covered is January 1, 2017, through December 31, 2017.
  -or-
  The period covered is ___/___/___, through December 31, 2017.
- [ ] **Assuming Office:** Date assumed ___/___/___
- [ ] **Leaving Office:** Date Left ___/___/___ *(Check one)*
  - ○ The period covered is January 1, 2017, through the date of leaving office.
  - **-or-**
  - ○ The period covered is ___/___/___, through the date of leaving office.
- [ ] **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 1

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-

- [x] ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
915 Capitol Mall, Suite 435	Sacramento	CA	95814

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(916) 653-2799	rwashington@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 3/16/2018 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*