

2014 AN/LO (1/15/15)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Received
2015 MAR 17 2 00:00

COVER PAGE

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Controller's Office

Division, Board, Department, District, if applicable

Your Position

Deputy State Controller - Health Policy

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

Agency: CalPERS, CA Health Facilities Financing Authority

Position: Board Designee

Date Received

MAR 17 2015

Enterprise Compliance Division

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.

Leaving Office: Date Left 01/02/15
(Check one)

-or-

The period covered is _____ through December 31, 2013.

The period covered is January 1, 2013, through the date of leaving office.

Assuming Office: Date assumed _____

The period covered is _____ through the date of leaving office.

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: _____

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

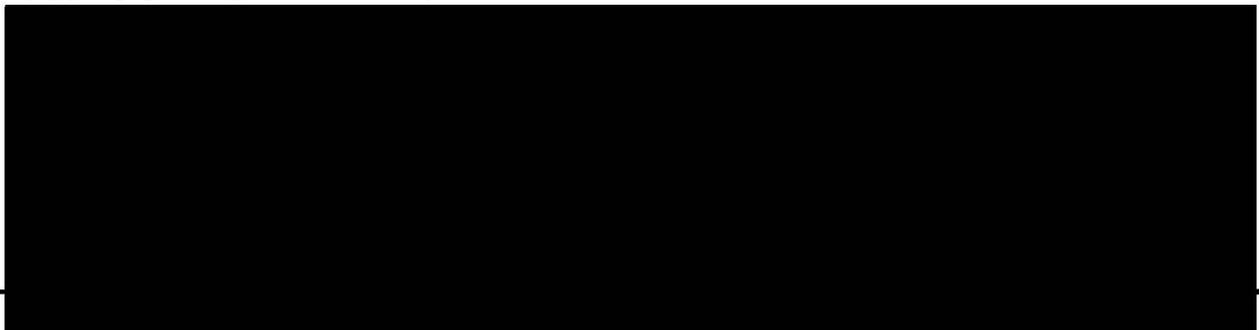
Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)



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 _____

▶ 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

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 ACQUIRED DISPOSED

Comments: _____

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