CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

Date Received
Official Use Only

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Zito	Renée	E.	(916) 445-1943

MAILING ADDRESS (Business Address Acceptable) STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
1700 K Street	Sacramento	CA	95811	RZito@ADP.CA.GOV

1. Office, Agency, or Court

Name of Office, Agency, or Court: Dept of Alcohol + Drug Programs

Division, Board, District, if applicable: Office of the Director

Your Position: Director

▸ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- [x] State
- [ ] County of _____
- [ ] City of _____
- [ ] Multi-County _____
- [ ] Other _____

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

- [ ] Assuming Office/Initial Date: 2/26/07
- [x] Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

- ○ The period covered is ___/___/___ through December 31, 2009.

- [ ] Leaving Office Date Left: ___/___/___ (Check one)
  - ○ The period covered is January 1, 2009, through the date of leaving office.

-or-

  - ○ The period covered is ___/___/___ through the date of leaving office.

- [ ] Candidate Election Year: _____

4. Schedule Summary

▸ **Total number of pages including this cover page:** 1

▸ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

- Schedule A-1 [ ] Yes – schedule attached
  Investments (Less than 10% Ownership)
- Schedule A-2 [ ] Yes – schedule attached
  Investments (10% or Greater Ownership)
- Schedule B [ ] Yes – schedule attached
  Real Property
- Schedule C [ ] Yes – schedule attached
  Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
- Schedule D [ ] Yes – schedule attached
  Income – Gifts
- Schedule E [ ] Yes – schedule attached
  Income – Gifts – Travel Payments

-or-

- [x] No reportable interests on any schedule

5. Verification

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

Date Signed 3/2/10

Signature _____
(filing official)