

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT Filed Date: 09/20/2023 11:47 AM

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IAME OF FILER (LAST)	(FIRST)	((MIDDLE)	
Musicco	Nicole	7	Theresa	
. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
California Public Employees' Retiremen	t System			
Division, Board, Department, District, if applicable	,	Your Position		
Executive Office (EXEO)		Chief Investment (Officer	
► If filing for multiple positions, list below or on an a	attachment. (Do not use acro			
		.		
Agency:		_ Position:		
2. Jurisdiction of Office (Check at least one	box)			
X State	,	☐ Judge, Retired Judge, F	Pro Tem Judge or C	Court Commissioner
in oldio		(Statewide Jurisdiction)		our commodence
Multi-County		County of		
City of		Other		
3. Type of Statement (Check at least one box	x)			
Annual: The period covered is January 1, 202	2, through	► Leaving Office: Date	e Left <u>09</u> / <u>29</u> /	2023
December 31, 2022 .		,	(Check one circle.)	
The period covered is//. December 31, 2022 .	, through	The period covered leaving officeor-	d is January 1, 2022	, through the date of
Assuming Office: Date assumed/		The period covered the date of leaving		
Candidate: Date of Election	and office sought, if dif	ferent than Part 1:		
I. Schedule Summary (required)	► Total number of r	pages including this o	cover page:	4
Schedules attached	, том на п	ages meaning and s		
		nedule C - Income, Loans,	& Rusinoss Position	s – schedule attached
Schedule A-1 - Investments – schedule attac		nedule D - Income – Gifts -) – scriedule attached
Schedule A-2 - Investments – schedule attac	- 0.1	nedule E - Income - Gifts -		schedule attached
Scriedule B • Near Property – Scriedule attac	Lileu Co.	ioddio 2 moomo omo	navor i aymomo	concado altacino
-or- ☐ None - No reportable interests on	any schedule			
5. Verification	any concauto			
MAILING ADDRESS STREET	CITY	<u>8</u> .	TATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)			7.11	-II OODE
400 Q Street	Sacramen		CA 95811	
DAYTIME TELEPHONE NUMBER	EMA	IL ADDRESS		
()				
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co			st of my knowledge t	ne information contained
I certify under penalty of perjury under the laws	•	•	nd correct.	
p p. porjuny annou and anno				
Date Signed 09/20/2023 11:47 AM	Signat	ure Nico	ole Theresa Mus	icco

(File the originally signed paper statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Nicole Musicco

<u> </u>	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	RedBird Capital Partners, Fund I L.P.	l	
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Private Equity Fund	l	
	FAIR MARKET VALUE	l	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	l	\$2,000 - \$10,000 \$10,001 - \$100,000
	☐ \$100,001 - \$1,000,000	l	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	l	NATURE OF INVESTMENT
	Stock Other Unrealized Carry (Describe)	l	Stock Other(Describe)
	Partnership		Partnership
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
		l	
_	ACQUIRED DISPOSED		ACQUIRED DISPOSED
•	NAME OF BUSINESS ENTITY	•	NAME OF BUSINESS ENTITY
	RedBird Capital Partners, Fund II, L.P.	l	
	GENERAL DESCRIPTION OF THIS BUSINESS	l	GENERAL DESCRIPTION OF THIS BUSINESS
	Private Equity Fund	l	
	FAIR MARKET VALUE	l	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	l	\$2,000 - \$10,000 \$10,001 - \$100,000
	S100,001 - \$1,000,000 X Over \$1,000,000	l	S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT Unrealized Carry	l	NATURE OF INVESTMENT
	Stock Other (Describe)	l	Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499	l	Partnership O Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)		○ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	, , 23 , , , 23	l	, , 23 , , , 23
	ACQUIRED DISPOSED	l	ACQUIRED DISPOSED
<u> </u>	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	RedBird Series 2019, L.P.	l	
	GENERAL DESCRIPTION OF THIS BUSINESS	l	GENERAL DESCRIPTION OF THIS BUSINESS
	Private Equity Fund		
	FAIR MARKET VALUE	l	FAIR MARKET VALUE
	<u>\$2,000 - \$10,000</u> \$10,001 - \$100,000	l	<u>\$2,000 - \$10,000</u> \$10,001 - \$100,000
	\$100,001 - \$1,000,000 X Over \$1,000,000	l	S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT Stock Stock Capital & Unrealized Carry	l	NATURE OF INVESTMENT Stock Other
	(Describe)	l	(Describe)
	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)		Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
	•	-	

Comments: __

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Name				
Nicole Musicco				

	I I
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
RedBird Capital Partners	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
667 Madison Ave., 16th Floor, NY, NY 10065	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Private Equity	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Partner	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
■ \$10,001 - \$100,000 × OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other Carry Distributions	Other
Other Carry Distributions (Describe) (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	Other(Describe)
Carry Distributions (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING You are not required to report loans from a commercial a retail installment or credit card transaction, made in	Other
Carry Distributions (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follows:	Other
Carry Distributions (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*	Other
Other Carry Distributions (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
Other Carry Distributions (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Describe) PERIOD al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available. I status. Personal loans and loans received not in a lender'ws: INTEREST RATE TERM (Months/Years) WS: SECURITY FOR LOAN None Personal residence Real Property
Carry Distributions (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your officia regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	PERIOD al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender's vs: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN
Carry Distributions (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	PERIOD Al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender's ws: INTEREST RATE WS: None SECURITY FOR LOAN None Personal residence Real Property Street address
Other Carry Distributions (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your officia regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Describe) PERIOD al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available. I status. Personal loans and loans received not in a lender'ws: INTEREST RATE TERM (Months/Years) Whone SECURITY FOR LOAN None Personal residence Real Property
Other Carry Distributions (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your officia regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	PERIOD Al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender's ws: INTEREST RATE WS: None SECURITY FOR LOAN None Personal residence Real Property Street address
Carry Distributions (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your officia regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000	PERIOD al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender'ws: INTEREST RATE Wone SECURITY FOR LOAN None Personal residence Real Property Street address City
Other Carry Distributions (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your officia regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	PERIOD al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender's ws: INTEREST RATE TERM (Months/Years) ———————————————————————————————————

SCHEDULE D Income - Gifts

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Nicole Musicco

NAME OF SOURCE (Not an Acronym) Consulate General of Canada ADDRESS (Business Address Acceptable) 580 California Street, Suite 1400 San Francisco CA 94104 BUSINESS ACTIVITY, IF ANY, OF SOURCE Dinner DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 2						
ADDRESS (Business Address Acceptable) S80 California Street, Suite 1400 San Francisco CA 94104 BUSINESS ACTIVITY, IF ANY, OF SOURCE Dinner DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) 02 / 21 / 23	► NAME OF SOURC	CE (Not an Acrony	rm)	► NAME OF SOURC	E (Not an Acror	nym)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Dinner DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) D2 / 21 / 23 \$ 108.05 Dinner DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Consulate Ge	eneral of Cana	ada			
BUSINESS ACTIVITY, IF ANY, OF SOURCE Dinner DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) O2	ADDRESS (Busine	ess Address Accep	table)	ADDRESS (Busines	ss Address Acce	eptable)
Dinner						
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 02 / 21 / 23 \$ 108.05 Dinner	BUSINESS ACTIV	TITY, IF ANY, OF	SOURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
02 21 23 \$108.05 Dinner						
	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	02 / 21 / 23	\$ 108.05	Dinner		\$	_
NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		\$			\$	_
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	//	\$			\$	
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	► NAME OF SOURC	CE (Not an Acrony	rm)	► NAME OF SOURC	E (Not an Acror	nym)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	ADDRESS (Busine	ess Address Accep	table)	ADDRESS (Busines	ss Address Acce	eptable)
	BUSINESS ACTIV	TITY, IF ANY, OF	SOURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
Sample Source Source	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
MAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) — / _ / _ \$	//	\$			\$	_
NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		\$			\$	_
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		\$			\$	
BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	► NAME OF SOURC	CE (Not an Acrony	rm)	► NAME OF SOURC	E (Not an Acror	nym)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) //	ADDRESS (Busine	ess Address Accep	table)	ADDRESS (Busines	ss Address Acce	eptable)
	BUSINESS ACTIV	TITY, IF ANY, OF	SOURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
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		\$			\$	_
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Comments	//	\$	· -		\$	_
Comments:						
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