

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST)

ARGUELLES JESUS

Enterprise Compliance Division S

1. Office, Agency, or Court

Agency Name

CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

Division, Board, Department, District, if applicable

INVO - PRIVATE EQUITY

Your Position

PORTFOLIO MANAGER

If filing for multiple positions, list below or on an attachment.

Agency: Position:

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

- State, Multi-County, City of, Judge or Court Commissioner, County of, Other

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

- Annual, Leaving Office (Date Left 02/01/2013), Assuming Office, Candidate

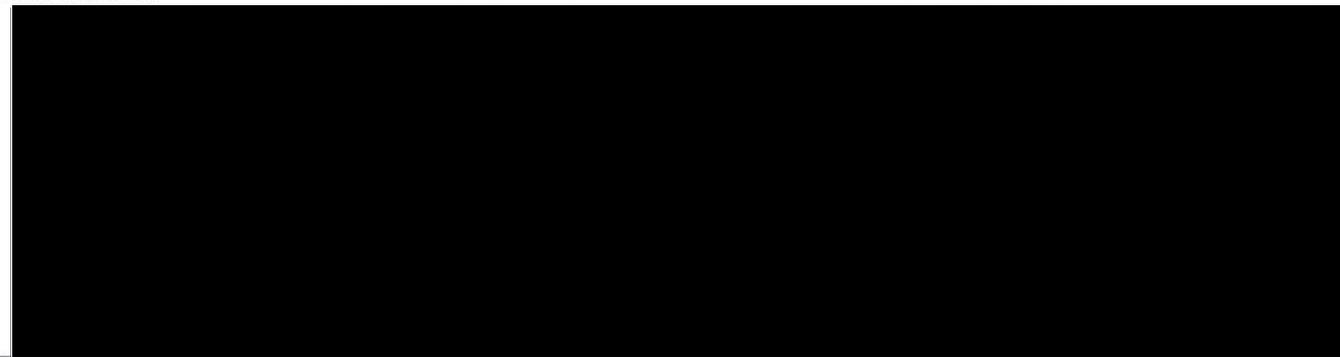
4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 3

- Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule

5. Verification





**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
**JESUS S ARGUELLES**

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
**ONTARIO TEACHERS' PENSION PLAN**

ADDRESS (Business Address Acceptable)  
**5650 Yonge Street**

CITY AND STATE  
**Toronto, Ontario M2M 4H5**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
**PENSION PLAN**

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ **11,163.14**  
*(If gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

**JOB INTERVIEW EXPENSES**

▶ NAME OF SOURCE (Not an Acronym)  
**INSTITUTIONAL LIMITED PARTNERS ASSOCIATIO**

ADDRESS (Business Address Acceptable)  
**55 York Street, Suite 1200**

CITY AND STATE  
**Toronto, Ontario M5J 1R7**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
**INDUSTRY ASSOCIATION**

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ **527.11**  
*(If gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

**BOARD OF DIRECTORS MEETING MEALS**

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$  
*(If gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$  
*(If gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

Comments: \_\_\_\_\_