

**COVER PAGE**

Filed Date: 09/09/2013 07:13 PM  
 SAN: 011300005-STH-0005

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Bailey-Crimmins Liana

**1. Office, Agency, or Court**

Agency Name  
 CalPERS - Executive Office (EXEO)  
 Division, Board, Department, District, if applicable  
 Executive Office (EXEO)  
 Your Position  
 Chief Information Officer (CEA)

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**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, 2012, through December 31, 2012.
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 (Check one)
  - The period covered is January 1, 2012, through the date of leaving office.
  - The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.
- Assuming Office:** Date assumed 08 / 05 / 2013
- 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: 3

- 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-  
 **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 400 Q Street Sacramento CA 95811

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 09/09/2013 07:13 PM Signature Electronic Submission  
(month, day, year) (File the originally signed statement with your filing official.)

# SCHEDULE A-1 Investments

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%) *Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Liana Bailey-Crimmins</u>

▶ NAME OF BUSINESS ENTITY  
Brocade

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Networking Company

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 Real Stock Option (Not Vested)  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Wells Fargo

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Bank

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 401 K  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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  
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 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
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(Describe)  
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IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

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

